

### Derogation Request: Information Required

In the event of a derogation request, the BMA will need to consider the following:

#### **Basic information**

- What is the nature of the request (specific event etc.)?

To ensure WGH medicine is staffed to maintain patient safety during the IA by Junior Doctors 11<sup>th</sup> – 15<sup>th</sup> April.

We are keen to support the strike and as such if derogated would ask for a small number of junior doctors to return to the hospital to work.

If at any stage, the junior doctors are not needed to maintain patient safety they will be immediately stood down to return to strike action.

- Who has triggered the request (NHS Trust, police, ambulance service, armed forces, civil authorities)?

UHBW NHS Trust

- What are the specific circumstances?

WGH Medicine Bed base = 193 Beds. Normally supported with 14 Medical consultants weekly.

During the strike only 8 consultants allocated for the wards. 5 consultants supporting then on call teams both days and nights. There are usually 31 juniors on medicine wards

In acute medicine we have 2 consultants supporting 54 acute admission meds and supporting SDEC – we have an agency locum who has never worked in the hospital before supporting and some anaesthetic support in the morning.

Our staffing most limited on Tuesday and Friday

Other acute wards such as respiratory/gastro have limited cover with one consultant and anaesthetics.

Matrons have been deployed to support wards; student paramedics are coming to support.

- Which service(s) are affected?

Medicine across Weston – however, acute medicine is a particular hot spot

- How many medical staff are required to run this service?  
For acute medicine wards normally a minimum of 7 juniors supported by consultants
- How many gaps do they have currently?

Current staffing for acute medicine 54 patient is 2 x consultant (acute medicine), one anaesthetic consultant am, one locum.

- How many staff are they requesting should be derogated and at what grades?

Day - 1 medical SpR and 2x medical F2 and above

- How long will the derogation be required?

Request for strike period. However, Tuesday and Friday are the most challenged days on the hospital site.

### Local issues

- What is the nearest hospital providing this service(s)?

Taunton have agreed to have stroke diverted Tuesday and Wednesday and will support WGH TIA clinic all week as no stroke consultant present Tuesday or Wednesday. BRI Acute medicine remains short, but mitigations have been put in place for that service but could not support WGH.

- Have you closed the service(s) before (e.g., during COVID)?
  - If so, what mitigations were put in place at that time?

Emergency closure related to COVID outbreak x 2.

1. Entire site outbreak including inpatients and staff – closed IP wards to new admission.

All admissions went to surrounding hospitals – however they had both capacity and staff to support which they don't have during IA.

2. Second closure ED remained open, and admissions transferred to system wide hospitals depending on speciality need.

### Redeployment

- Have they sought to redeploy from other areas (i.e., cross-cover, GPs into hospitals, specialty in-reach to EDs etc)?
- Comms out about cancelling leave/ additional hours / change in shift patterns.
- Junior doctors asked for their intentions on strike planning – Not all have responded but doctors who aren't striking allocated on planning document. areas to work.
- Agencies / Locum contacted for additional Consultant support – 1 came forward for two days.
- Matrons – reviewed and allocated wards to support where able leaving only the Duty matron in her normal role.
- Elective workload reviewed by Divisional Management teams with support from Weston Stie management team – Cancelled where required to free up additional staff to support ward areas. Included CNS/Consultants/ACP's.

- Request from other professions around support they could offer. Pharmacy for TTO prescribing is in place to support wards/ED.
- All Specialist Nurses requested to support- variable uptake due to clinical commitments.
- Primary care approached with request to provide GP led Urgent care stream in ED- Unable to support.
- Primary Care approached to disseminate offer of Hospital or ED shifts at enhanced rates.
- Bristol Ambulance approached re use of Paramedics- extremely helpful and MOU mobilised at pace to enable request of 12 Paramedic/Student Paramedics to support ward teams/SDEC/ED
- Elective Surgery cancelled with anaesthetists disseminated to wards.
- Non patient facing consultants e.g., Biochemistry/lab Drs redistributed to wards to work where able including cancelling leave.
- Junior doctors allocated to On-call slots to begin with and then used for ward gap. Tues x 15, Weds x 13, Thurs x 12 & Fri x 11 juniors working across all specialities (mostly surgery/T&O).
- On WGH request Surgery have stood down Elective Endoscopy activity freeing up an additional Colorectal consultant.
- Plans to replace the number of juniors with equivalent Consultants and support staff where possible. Not able to achieve due to staffing availability along with acuity on some wards (i.e., Berrow Respiratory (NIV) and Cheddar Gastro)
- All on-call shifts currently covered from Medicine, Surgery and T&O for Day and Night shifts. However, this does include a vascular consultant currently covering a medical on call shift.
- Staff asked to support wards with majority agreeing as long as within scope of skill. A couple declined request to support.
- Stroke plan – Tuesday and Wednesday diverted to Taunton in hours due to no Stroke consultant or SAS doctor on site. Thursday and Friday under review to support the Stroke consultant with covering the ward/Thrombolysis calls.

- Are they providing any outpatient clinics /elective activity?

Elective activity including 2WW has been stood down.  
TIA clinics are being provided by neighbouring Trusts.  
Trauma and CEPOD continuing in theatre.

- What percentage of consultants/SAS doctors are on annual leave?

Most have voluntarily cancelled leave in Medicine, with only 1-2 remaining on leave.  
Biochemist has also cancelled leave to support.

#### **Rates**

- What rates have they offered to different groups of doctors (consultants/SAS)?

**Additional hours rates – payable 7<sup>th</sup> of April 2023 0700 – 17<sup>th</sup> of April 2023 08.00**

|                   | Core hours:<br>0800 – 1700<br>Rate shown<br>per hour | Non-core<br>hours: 1700 –<br>0800<br>Rate shown<br>per hour | Resident on-<br>call<br>Rate shown<br>per hour | Non-resident<br>on-call<br>Rate shown<br>per hour (50%<br>of on call<br>rate) |
|-------------------|--|---|--|---|
| Consultant        | £125   | £200  | £200   | £100  |
| Associate<br>spec | £100   | £140  | £140   | £70   |
| Specialty<br>doc  | £85  | £125  | £125   | £62.50  |

These rates have been enhanced since first strike.

Junior doctors offered enhanced rates at weekends either side with good up take.

- What discussions have there been with the LNC?

LNC agreed and supported rates.

- Have they sought agency staff to cover any expected gaps?

All shifts advertised through agency with uptake of one medical consultant for two days.

- Which agencies have they advertised through?

All framework agencies