University Hospitals Bristol and Weston NHS Foundation Trust

**Meeting of the People Committee on Monday 25th January 2021**

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| **Report Title** | **REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING January 2021** |
| **Report Author** | **Dr Alistair Johnstone** |
| **Executive Lead** | **Dr Bill Oldfield** |

## 1. Report Summary

This paper summarises the steps taken to ensure safe working practices for all junior medical and dental staff across the Trust. It further describes the steps taken to balance the need to continue training with the need to ensure safe staffing levels across the site during the COVID pandemic

## 2. Key points to note

*(Including decisions taken)*

Increased workload for junior doctors across the Trust
Increased use of internal locum activity to allow flexible response to short term staffing issues
Aiming to protect training whilst allowing medical staff to be redeployed during COVID crisis
Exception reporting summary – reports from all grades / areas but no obvious areas of concern

## 3. Risks

**If this risk is on a formal risk register, please provide the risk ID/number.**

**The risks associated with this report include:**
Loss of training opportunities as COVID workload increases / doctors have to be redeployed
High levels of medical staff sickness / shielding

## 4. Advice and Recommendations

*(Support and Board/Committee decisions requested)***:**

- This report is for **Assurance.**

## 5. History of the paper

**Please include details of where paper has previously been received.**

| **[Name of Committee/Group/Board]** | **[Insert Date paper was received]** |
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# QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING January 2021

**Executive summary**

This paper summarises the steps taken to ensure safe working practices for all junior medical and dental staff across the Trust. It further describes the steps taken to balance the need to continue training with the need to ensure safe staffing levels across the site during the COVID pandemic.

This paper will be presented to the People Committee of Trust Board in January and is published on the Trusts external website. It may also form part of future CQC inspections.

**Introduction**

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019. The contract mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring all junior doctors are working in line with the safe working regulations.

This report covers the period of September – December 2020 a period which has seen a rapid rise in the number of patients admitted with COVID 19 and significant staff shortages due to both COVID infection and the requirement to self isolate after potential contacts.

**High level data**

| | |
|---|---|
| Number of doctors / dentists in training (total): | 638 |
| No of locally employed doctors on 2018 TCS | 150 |
| Amount of time available in job plan for guardian to do the role: | 2 PAs per week |
| Admin support provided to the guardian (if any): | none |
| Amount of job-planned time for educational supervisors: | 0.25 PAs per 3 trainees (this is less than comparable Trusts locally and less than Weston General) |

**a) COVID 19 – the second wave and the Trust response to challenges in ensuring safe staffing levels are maintained**

In contrast to the first wave, where the majority of training and study leave was cancelled and the Trust moved all junior doctors onto a COVID “mega rota” to cover medical wards, there has been clear guidance from the local post graduate Dean and Health Education England that training must be maintained. The Trust has also decided to continue delivering as much elective care as possible meaning that, overall, the workload in the hospital is higher than during the first wave.

As a result of the HEE guidance and our experience gained from the first wave a decision was taken to minimise rota changes and redeployment of doctors as far as possible and to maintain teaching and training throughout. Whilst this was deemed the best strategy to protect training it was also recognised that there would be a requirement to flexibly increase staffing numbers in areas of high patient acuity or to cover staff sickness / isolation. To meet this challenge the trust agreed to increase the number of permanent staff in key areas and to use internal locum shifts to increase staffing levels in the short term. Whilst it is inevitable that increasing numbers of locum shifts worked increased the risk of staff fatigue there were some key interventions to ensure monitoring and safety as far as possible:

- Any additional shift had to be undertaken on a voluntary basis
- Adequate rest after additional work must be ensured and safe working limits such as maximum shift length were protected
- Divisions were made responsible for ensuring that individual doctors did not undertake too many additional shifts and the workload was spread across the available staff members as far as possible
- The guardian of Safe Working will continue to monitor overall internal locum activity through monthly HR reports (although it needs to be recognized that these shifts fall outside of normal monitoring mechanisms)
- A daily rota huddle has been introduced to identify and areas which need additional redeployed / locum staff and to try and proactively anticipate upcoming staffing problems.

Full details of the changes introduced, including an enhanced pay rate to match that paid by North Bristol NHS Trust, are described in Appendix A

To date, these changes have worked well and have been welcomed by the junior doctors across the Trust.

**b) Exception reporting during COVID**

One of the key changes of the new contract is the introduction of a system called exception reports. This system allows doctors to submit a report when their actual hours of work vary from their rota, they fail to get adequate rest breaks or they are unable to attend agreed educational activities due to service commitments. This system replaces a previous system of rota monitoring which was widely viewed as no longer being fit for purpose.

This system has continued as normal for any shifts that appeared on the work schedule throughout the second wave, meaning that doctors could still flag issues such as working longer than their scheduled shift or missing educational opportunities and discuss them with their supervisors. Interestingly, one of the effects of significant rota redesign seen in the first wave of COVID has been significant improvement in shift design and support in areas of the Trust where workload has traditionally been high with high levels of exception reporting.

During 2020 the number of exception reports submitted were:

| Year | 2020 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| **Sum of No. episodes** | **Column Labels** | | | | | | | | | | | | |
| **Row Labels** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Grand Total** |
| Medicine | 26 | 28 | 6 | 1 | | 3 | 5 | 10 | 10 | 27 | 16 | 6 | 138 |
| Specialised Services | 1 | 14 | | | | | | 6 | 23 | 2 | 5 | 2 | 53 |
| Surgery | 21 | 17 | 32 | 27 | 11 | 1 | 2 | 11 | 15 | 43 | 7 | 4 | 191 |
| Women's and Children's | 3 | 3 | 1 | | | 4 | 2 | | 6 | 1 | 6 | 3 | 29 |
| Diagnostic and Therapies | | | | | | | 1 | | | | | | 1 |
| **Grand Total** | **51** | **62** | **39** | **28** | **11** | **8** | **10** | **27** | **54** | **73** | **34** | **15** | **412** |

This compares to 674 exception reports submitted across the Trust in 2019.

| Year | 2019 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| **Sum of No. episodes** | **Column Labels** | | | | | | | | | | | | |
| **Row Labels** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Grand Total** |
| Medicine | 13 | 13 | 11 | 11 | 5 | 11 | 10 | 39 | 37 | 31 | 28 | 17 | 226 |
| Specialised Services | 24 | 11 | 23 | 10 | 8 | 13 | 4 | 6 | 17 | 21 | 8 | 6 | 151 |
| Surgery | 30 | 11 | 13 | 25 | 14 | 10 | 17 | 15 | 25 | 14 | 17 | 4 | 195 |
| Women's and Children's | 4 | 1 | 3 | 6 | 4 | 29 | 5 | 11 | 7 | 10 | 7 | 15 | 102 |
| **Grand Total** | **71** | **36** | **50** | **52** | **31** | **63** | **36** | **71** | **86** | **76** | **60** | **42** | **674** |

As would be expected there are exception reports received from all areas of the Trust and areas with larger numbers of doctors or more emergency workload see more reports than other areas.

It should be noted that there do not appear to be any rotas with significantly larger numbers of reports than might be expected. This offers some assurance that some of the older, systemic issues seen in previous years have been addressed and is at least partly due to increased numbers of permanent posts introduced in problem areas.

| Year | 2020 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum of No. episodes | Column Labels | | | | | | | | | | | | |
| Row Labels | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Grand Total |
| **Medicine** | **26** | **28** | **6** | **1** | | **3** | **5** | **10** | **10** | **27** | **16** | **6** | **138** |
| **General medicine** | **20** | **22** | **3** | | | **3** | **5** | **8** | **9** | **25** | **16** | **4** | **115** |
| Gen Med Reg Rota 4 Dec 2019 - 31st Mar 2020 | | 1 | | | | | | | | | | | 1 |
| Gen Med F1 Rota 4 Dec 19 to 31 Mar 20 | 12 | 14 | 3 | | | 2 | 5 | | | | | | 36 |
| ******Gen Med SHO Rota 4 Dec 19 to 31 Mar 20 | 8 | 7 | | | | 1 | | 3 | | | | | 19 |
| IMT cardiology CT1-2 | | | | | | | | | 2 | 3 | | | 5 |
| Aug 20 - FY1 Rota Pattern | | | | | | | | 2 | 3 | 9 | 6 | 2 | 22 |
| Aug 20 - SHO rota Pattern (17 weeks) | | | | | | | | 1 | 3 | 6 | 9 | 1 | 20 |
| Cardio/Med fellows 04.20-08.20 | | | | | | | | 2 | | | | | 2 |
| ICM IMT | | | | | | | | | 1 | | | | 1 |
| ZZ Demo Medics F2-ST1/2 | | | | | | | | | | 1 | 1 | | 2 |
| Aug 20 - SHO (F2) rota Pattern - 60% | | | | | | | | | | 3 | | | 3 |
| ZZ Demo Medics F1 | | | | | | | | | | 3 | | 1 | 4 |
| **Geriatric medicine** | **1** | | | | | | | | | | | **2** | **3** |
| Gen Med F1 Rota 4 Dec 19 to 31 Mar 20 | 1 | | | | | | | | | | | | 1 |
| Aug 20 - FY1 Rota Pattern | | | | | | | | | | | | 2 | 2 |
| **Intensive therapy** | | | | **1** | | | | | | | | | **1** |
| General Surgery FY1 | | | | 1 | | | | | | | | | 1 |
| **Dermatology** | **4** | **5** | **3** | | | | | | | **2** | | | **14** |
| Dermatology ST3-8 Aug 19 | 4 | 5 | 3 | | | | | | | | | | 12 |
| Dermatology ST3-8 Aug 20 | | | | | | | | | | 2 | | | 2 |
| **Psychiatry** | | **1** | | | | | | | | | | | **1** |
| Gen Med F1 Rota 4 Dec 19 to 31 Mar 20 | | 1 | | | | | | | | | | | 1 |
| **Gastroenterology** | **1** | | | | | | | **2** | **1** | | | | **4** |
| Gen Med F1 Rota 4 Dec 19 to 31 Mar 20 | | | | | | | | 2 | | | | | 2 |
| ******Gen Med SHO Rota 4 Dec 19 to 31 Mar 20 | 1 | | | | | | | | | | | | 1 |
| Aug 20 - SHO rota Pattern (17 weeks) | | | | | | | | | 1 | | | | 1 |
| **Specialised Services** | **1** | **14** | | | | | | **6** | **23** | **2** | **5** | **2** | **53** |
| **Cardiology** | | **10** | | | | | | **1** | **9** | **1** | | **2** | **23** |
| Cardiology Education Fellow Aug 2019 | | 4 | | | | | | | | | | | 4 |
| Gen Med F1 Rota 4 Dec 19 to 31 Mar 20 | | 6 | | | | | | | | | | | 6 |
| IMT cardiology CT1-2 | | | | | | | | | 2 | | | | 2 |
| Aug 20 - FY1 Rota Pattern | | | | | | | | | 3 | | | 2 | 5 |
| Aug 20 - SHO rota Pattern (17 weeks) | | | | | | | | | 2 | | | | 2 |
| Cardio/Med fellows 04.20-08.20 | | | | | | | | | 2 | 1 | | | 3 |
| Clinical Ed Fellow Cardiology ST3-8 Full Time Rota | | | | | | | | 1 | | | | | 1 |
| **Clinical Oncology** | | **4** | | | | | | | | | | | **4** |
| Haematology/Oncology F2/CMT1-2 Dec 19 - Apr 20 | | 4 | | | | | | | | | | | 4 |
| **Haematology** | **1** | | | | | | | **5** | **14** | **1** | **5** | | **26** |
| Cardiology Education Fellow Aug 2019 | | | | | | | | | 5 | | | | 5 |
| Haematology ST3+ Sept 19 - New Proposal | 1 | | | | | | | | | | | | 1 |
| 10 man Haematology/Oncology F2/CMT1-2 Aug20 | | | | | | | | | 4 | 1 | 3 | | 8 |
| Haematology ST3+ Jan 20 | | | | | | | | 5 | 5 | | | | 10 |
| Haematology Education Fellow Aug 2019/20/21 | | | | | | | | | | | 2 | | 2 |
| **Surgery** | **21** | **17** | **32** | **27** | **11** | **1** | **2** | **11** | **15** | **43** | **7** | **4** | **191** |
| **Anaesthetics** | | **7** | **11** | **26** | **10** | **1** | **2** | **2** | **2** | **1** | **1** | **2** | **65** |
| Pattern - Obs Rota | | | | 2 | 1 | | 1 | | | | | | 4 |
| Pattern - ICU (Registrars) | | 3 | 1 | 9 | 3 | | | | | | | | 16 |
| Paeds Anaesthesia LTFT 0.6 | | | 1 | 3 | | | | | 2 | | | | 6 |
| Base Pattern - Cardiac Anaesthesia | | | 5 | 8 | 6 | | | 1 | | 1 | | 1 | 22 |
| Base Pattern - General Anaes 1st/2nd 8 people | | 4 | 4 | 4 | | 1 | 1 | | | | | | 14 |
| GICU foundation pattern | | | | | | | | 1 | | | | | 1 |
| ICU registrar pattern | | | | | | | | | | | | 1 | 1 |
| Obstetric Anaesthesia | | | | | | | | | | | 1 | | 1 |
| **General surgery** | **8** | **7** | **16** | **1** | **1** | | | **4** | **4** | **22** | **6** | **1** | **70** |
| General Surgery FY1 - Aug 19 | 5 | | | | | | | | | | | | 5 |
| GICU (F2) - Aug 19 | | | | 1 | 1 | | | | | | | | 2 |
| General Surgery ST3-8 (on call) Oct 19 - Apr 20 | 3 | 3 | 3 | | | | | | | | | | 9 |
| General Surgery FY1 | | 4 | 13 | | | | | 3 | 4 | 22 | 6 | 1 | 53 |
| GICU foundation pattern | | | | | | | | 1 | | | | | 1 |
| **Trauma & Orthopaedic Surgery** | **13** | **3** | **5** | | | | | **5** | **9** | **20** | | **1** | **56** |
| T&O F2&CT1-2 Apr19 - Aug 19 | 11 | | | | | | | | | | | | 11 |
| Pattern T&O ST3-8 | 2 | | | | | | | | | | | | 2 |
| General Surgery FY1 | | | | | | | | 2 | 4 | 7 | | 1 | 14 |
| Amended Final Pattern - T&O F2&CT1-2 | | 3 | 4 | | | | | | | | | | 7 |
| Pattern T&O F2/CTs Education Fellows | | | 1 | | | | | | | | | | 1 |
| T&O F2&CT1-2 - Apr 2020 | | | | | | | | 3 | 5 | 13 | | | 21 |
| **Women's and Children's** | **3** | **3** | **1** | | | **4** | **2** | | **6** | **1** | **6** | **3** | **29** |
| **Neonatology** | **1** | **1** | | | | | **1** | | | | **6** | | **9** |
| NICU ST4-8 Sep19 | 1 | | | | | | | | | | | | 1 |
| NICU ST1-3 Sep19 | | 1 | | | | | | | | | | | 1 |
| NICU ST1-3 | | | | | | | 1 | | | | | | 1 |
| NICU ST4-8 | | | | | | | | | | | 6 | | 6 |
| **Obstetrics and gynaecology** | **1** | **2** | **1** | | | | | | | | | | **4** |
| Pattern - Obs Rota | 1 | | 1 | | | | | | | | | | 2 |
| O&G FY2 & ST1-2 | | 2 | | | | | | | | | | | 2 |
| **Paediatrics** | **1** | | | | | **4** | **1** | | **6** | **1** | | **3** | **16** |
| Paediatric Oncology ST3-8 Sep19 | 1 | | | | | | | | | | | | 1 |
| Paediatric Oncology ST3-8 | | | | | | 3 | | | 4 | | | | 7 |
| GenPaed ST4+ (1 in 9 w/ Specialities 50% OOH) | | | | | | | 1 | | | | | | 1 |
| PICU ST4-8 Rota 2 | | | | | | 1 | | | 1 | | | | 2 |
| Gen Paeds ST1-3 & FY2& GVPTS | | | | | | | | | | 1 | | | 1 |
| PICU ST4-8 LTFT | | | | | | | | | 1 | | | | 1 |
| PICU ST4-8 from Nov 20 LTFT | | | | | | | | | | | | 1 | 1 |
| PICU ST4-8 from Nov 20 | | | | | | | | | | | | 1 | 1 |
| PICU 80% Rota Emma, Muhammad & Louise | | | | | | | | | | | | 1 | 1 |
| **Diagnostic and Therapies** | | | | | | | **1** | | | | | | **1** |
| **Radiology** | | | | | | | **1** | | | | | | **1** |
| Radiology ST1 | | | | | | | 1 | | | | | | 1 |
| Grand Total | 51 | 62 | 39 | 28 | 11 | 8 | 10 | 27 | 54 | 73 | 34 | 15 | 412 |

Whilst there is a clear trend to reducing numbers of exception reports submitted, there is also a growing acceptance across more senior grades of doctors that exception reporting is an important process to highlight problem areas within the Trust. In the first year there was significant reluctance from these grades to report problems due to a culture of "not causing a fuss". However, this pattern has noticeably changed and the proportion of reports from more senior trainees has increased.

| Sum of No. episodes | Column Labels | | | | |
|---|---|---|---|---|---|
| Row Labels | 2017 | 2018 | 2019 | 2020 | Grand Total |
| Foundation 1 | 337 | 332 | 258 | 152 | 1079 |
| Junior trainee | 1215 | 572 | 206 | 137 | 2130 |
| Senior trainee | 170 | 300 | 220 | 123 | 813 |
| **Grand Total** | **1722** | **1204** | **684** | **412** | **4022** |

The system is designed to allow doctors in training to report both the requirement to work additional hours and when they are unable to achieve agreed educational activities (such as teaching) due to excessive workload. The vast majority of reports are for additional hours worked and ongoing encouragement of trainees to use the system to highlight missed education will continue.

| Year | 2020 | |
|---|---|---|
| | | |
| **Sum of No. episodes** | | |
| **Division** | **Type** | **Total** |
| **Medicine** | Educational | 9 |
| | Hours | 121 |
| | Pattern | 6 |
| | Service Support | 2 |
| **Medicine Total** | | **138** |
| **Specialised Services** | Educational | 5 |
| | Hours | 47 |
| | Pattern | 1 |
| **Specialised Services Total** | | **53** |
| **Surgery** | Educational | 12 |
| | Hours | 150 |
| | Pattern | 29 |
| **Surgery Total** | | **191** |
| **Women's and Children's** | Educational | 3 |
| | Hours | 25 |
| | Service Support | 1 |
| **Women's and Children's Total** | | **29** |
| **Diagnostic and Therapies** | Hours | 1 |
| **Diagnostic and Therapies Total** | | **1** |
| **Grand Total** | | **412** |

**c) Work schedule reviews**

The contract has introduced a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally a "template rota" has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely challenging to manually write and review rotas. Significant progress has been made with introducing "HealthRoster" – the Trusts eRostering solution – across the Trust. There is still considerable work to be done to make this tool part of routine rota management but the situation is considerably better than it has been previously. I will continue to monitor and report on progress throughout 2021.

**d) Locum bookings**

The Trust has always relied on internal locum activity to deliver additional activity and respond to short notice staff shortages. At least in part this reflects a chronic shortage of permanent junior medical staff posts.

There was obvious concern that the system of additional locum work introduced as part of the COVID second wave response would see a sharp rise in the number of these types of shift. In September 2020 there was a particular increase in locum activity, presumably reflecting the Trusts efforts to catch up with work previously delayed by the first wave. However, it seems that, from October onwards the fall in elective activity and the increase in full time staff numbers in busy areas has offset any increased number of locum shifts to cover covid workload. This may change in the next few months as the full peak of the second wave of the pandemic is seen,

| | Sept | Oct | Nov | Dec |
|---|---|---|---|---|
| Total No of hours additional work undertaken by junior doctors (2020) | 6827 | 3360 | 2818 | 3613 |
| Total No of hours additional work undertaken by junior doctors (2019 for comparison) | 4166 | 4175 | 3133 | 3243 |

**e) Vacancies**

Vacancies were reported in the annual "rota gap report" in August 2020. Rota gaps are being reported by Medical HR to divisional teams on a more frequent basis. The highly specialist nature of the work carried out by the Trust in several areas makes it particularly challenging to fill certain vacancies and rota gaps.

## f) Medical Sickness – Junior Doctors

During normal times the rates of junior medical staff sickness are very low – at less that 1%. There have been periods during the pandemic where this has increased sharply within teams – often due to the need to self isolate as a result of a colleague testing positive or an outbreak on a particular ward. This has caused difficulties for rota managers – especially in the Medical rotas where sickness is more common – presumably because of an increased risk of occupational exposure to COVID.

## g) Issues and Concerns

**February rotation of junior doctors**. As is common in the first week of February approximately 180 junior doctors will rotate into new posts within the Trust. Whilst there is a robust plan in place for mandatory training to be delivered there may be issues with local induction due to the workload currently from COVID patients. Divisions need to have plans in place to ensure newly arriving doctors can have thorough inductions into their new departments.

**Integration with Weston.** I'm pleased to report that the Trust has appointed a new Guardian of Safe working for the Weston site – Mr John Probert. We have started discussion about how to integrate the two roles and provide the board with simultaneous reports. It is clear, however, that the Medical HR processes in the two organisations were significantly different – especially around rota design, management of exception reporting and locum activity. This will inevitably require focus in the coming months as the HR functions are amalgamated and may be a source of friction.

**eRostering.** The HealthRoster team have made significant progress with rolling out an eRostering system across the Trust in recent months. This focus needs to be maintained to embed eRostering processes across every department and will need the ongoing support of Divisions to be successful.

**Staff fatigue and burnout.** Like all staff groups, junior medical staff have seen a significant increase in the intensity of their working patterns during this second wave of the pandemic. Whilst morale remains fairly high it is clear that people are starting to be very tired and at risk of burnout. The Trust should start planning for how to support staff post pandemic to deal with the inevitable consequences of this extraordinary period of activity. There is likely to be significant pressure to catch up on elective workload once this current wave of the pandemic subsides – this may make it hard to find adequate time to allow staff to recover and take adequate leave.

## h) Summary

The Trust appears to be coping well during the second wave of the pandemic and plans put in place to increase staffing levels on the wards while maintaining (as far as possible) training and working patterns have been well received by the majority of staff.

The period of greatest stress on the system is likely to be between the end of January and March and it will be vital to continue to monitor the situation as it evolves. Junior doctors have responded exceptionally well to the unprecedented challenges the pandemic has brought and I would like to pass on my thanks to all of them on behalf of the senior medical staff and our patients.

Appendix A

## Covid-19 Silver Command – 4 November 2020

### Topic – Medical Staffing – Junior Doctor Rules of Employment and Rota Management

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|---|---|
| S | Situation:<br><br>The Covid-19 pandemic and impending second wave means that there is a need to review the practices relating to Junior Doctor Rules of Employment in light of the learning from the first wave.<br><br>It is vital that we continue to support effective and safe management of escalating clinical service demands whilst ensuring our junior medical workforce are protected and paid for any additional work undertaken.<br><br>This paper documents the principles to be applied in relation to rota patterns and rosters during times of increased clinical pressure relating to covid. The parameters outlined in this paper will be applied in accordance with the Trust's Covid escalation position. This includes payment processes for additional shifts, rota pattern processes, rates of pay, locum shift booking and all other principles and processes required in order to ensure a robust (divisional/trust) response to enacting the rotas in line with levels of escalation. |
| B | Background:<br><br>During the first wave, agreement between NHS employers and the BMA to suspend rota rules was reached, this agreement has now lapsed. HEE are specifying that Trusts are to maintain the junior doctor national rota rules, that the delivery of teaching and training should not be affected and that any changes to rotas should include a period of notice (2 weeks).<br><br>Safe working rules in the 2016 Junior Doctors and Dentists contract are likely to remain in force during any future waves of pandemic. There is also a requirement to continue urgent elective activity including inpatient cancer care and outpatient diagnostics which must be factored in.<br><br>Numerous requirements must be met that protect the safe working practice and wellbeing of the doctors and the care delivery and safety of our patients, they are:<br><br>• Junior Doctors are to be encouraged to take their annual leave. A minimum number of 9 days being taken per 4 months, equating to approximately 7 days per 12 week cycle.<br>• All pre-booked annual leave will be honoured.<br>• Junior doctors to work rotas which ensure appropriate rest periods and are in line with rota rules around the maximum length of shift in particular.<br>• Training and Education is to continue and therefore study leave must be factored in (until a decision is taken to cancel this)<br><br>As part of this paper it is important to highlight that the principles set out and the rules regarding working time are for the preservation of the safety and health and wellbeing of both staff and patients. There may however, in extreme circumstances such as a global |

| | |
|---|---|
| | pandemic be situations whereby as a Foundation Trust deviation from these rules may occur. This would always be as a last resort and only happen in exceptional circumstances. |
| A | **Approach to rotas - Principles**<br><br>Due to the amount of work involved and the and the time it takes to individually review work schedules contractual rota patterns (upon which standard pay is based) will not be re-written if at all avoidable. Staff will receive roster information based on any new rota pattern which will enable payment of additional hours worked.<br><br>It is recognized that in a minority of very exceptional cases a new rota pattern will need to be written. In order to ensure responsive remuneration for shifts worked, this will be kept to a minimum and only undertaken when authorized via the Covid Rota Coordination Hub/Huddle. This option is best suited to rotas where there is a predictable, significant and ongoing (over a period of several months) requirement to alter staff working patterns (for example an area where most elective / emergency work is predicted to cease during covid pandemic). It is important that divisions understand the administrative burden of this option means it cannot be used for short notice changes to rota patterns and therefore act accordingly and in conjuction with the Covid Rota Coordination Hub if this circumstance occurs.<br><br>Rota Coordinators will support their Divisions by undertaking reviews of "minimum levels of staffing requirements" for each clinical area. Local triggers for the potential escalating/de-escalating of additional staff if and when required to support other work activity will be used. With the agreement of the relevant specialities / Divisions this will enable targeted releasing of some of the junior doctor workforce to support surge areas if needed and avoid the need for mass redeployment of staff and the re-writing of rota patterns as much as is possible. This option is most suitable for more junior grades of staff and is likely to be unsuitable for registrar doctors and above. This will be coordinated via the daily huddles taking place in the Rota Coordination Hub and via webex. The Rota Coordination Hub / Huddle will not move medical staff without consultation with the relevant Division, all Divisions should have a clinical representative on the twice daily huddles as a minimum. |

**Rota Coordination Hub and Huddles**

- Rota Coordinators (Trustwide) and Medical HR representatives will have twice daily huddles via Webex to ensure robust coordination and management of staffing.
- This will provide a clear overview of where juniors are working across the organisation
- This would support the re-allocation of junior doctors across divisions when triggers reached and also support the governance and compliance around rota re-writes where they are needed.
- This would reduce the need to re-write a rota, as it could enable the identification of doctors already rostered to work the same shift thereby just moving their location.
- There may be a need for training on health roster in order for this coordinated approach to be successful and robust in the management of activity and flow of doctors around the Trust, including managing sickness and covid absence etc.
- Clinical leadership into the Rota Coordination Hub and Huddles will be required. It is likely that this could be provided by doctors that will need to shield or restrict their duties. Divisions to nominate representatives as appropriate.
- The Rota Coordination Hub will act as a single point of contact to coordinate sickness reporting, leave requesting and management of required additional locum shifts.

**Shift Definitions**

**Standby Shifts –** A shift whereby a Dr is rostered to be available at home and may be called in to work in a specified department.

**Float Shifts -** A shift whereby a Dr is identified as working but they may be working in an area outside of their department (as long as it is within their competencies). This may be part of an 'allocate on arrival system'.

**Locum Shift Payments –** A temporary additional shift in line with usual locum practice.

**Compliance and Governance**

- It is essential that adequate provision for breaks is maintained at all times and is much more rigorously enforced by departments and divisions than during normal times. This will be monitored via the Rota Coordination Hub during the daily huddles when Health Roster notifications of breaches will be reviewed and acted upon.
- Doctors who work an additional (locum / standby) duty overnight must not work the next day. It may be reasonable for a doctor to be available as on call from home and still work the next day – as long as they are not called in overnight and there is a robust system to ensure their daytime clinical duties are covered by the department if they are.
- Under no circumstances should a shift exceed 13 hours at work, monitoring of

this will take place within the daily huddles. Doctors will be paid for the additional duty and will receive compensatory rest the following day. This rest day will also be paid.

- If, in exceptional circumstances, a rota pattern does require re-writing and this is agreed via the Rota Coordination Hub, a minimum of two weeks' notice prior to implementation is required.
- Any rota patterns that are re-written will be built, checked for compliance and costed by Medical HR in advance of implementation. Non-compliant rotas will be returned to divisions. Divisions must identify a member of staff that is able to respond promptly to any queries from Medical HR during the rewriting process.
- If work schedules are rewritten, doctors will not be rostered to work a 1:1 weekend frequency regardless of staffing levels at the time. 2 weekends can be rostered consecutively, provided the overall weekend frequency for the rota pattern is no less than 1:3 (1:2 in exceptional circumstances and only in consultation with the doctors). Other rules, such as minimum time off between shifts, must also be observed
- Once the re-written rota is instigated, this will remain in place an entire rota cycle. Rota pattern re-writes and changes will not be made within the rota cycle period unless in exceptional circumstances threatening patient safety.
- The Trust recognises that on some occasions, doctors may volunteer to work additional shifts/increase the frequency of weekend working in order to support care delivery; in this circumstance, they must make their desire to do this known to the Rota Coordination Hub in order to ensure adequate rest etc.

**Principles of Pay**

- All rosters will be uploaded onto Health Roster which will then provide a platform for Standby, Float and Locum hours to be paid. All changes will need to be recorded as much as possible in real time through the Rota Coordination Hub.
- Payment made will reflect the work schedule worked by the Dr and all payments will reflect the rates of pay outlined in this paper.
- Payments for Standby and Float shifts will be paid one month in arrears if recorded in real time, and all changes to permanent payments will be made in line with Payroll deadlines. Rota hub will be responsible for ensuring Health Roster is finalised on a weekly basis to ensure prompt payment.
- All additional locum work undertaken will be paid at Trust Locum rates as defined below.
- Locum payments will be paid depending on time of submission via Health Roster to Payroll.
- Health Roster will only pay additional shifts worked over and above the covid rota pattern e.g. Standby, Float and Locum.
- If a doctor is paid for a standby shift at 50% of the locum rate they will be responsible for notifying the Rota Hub of any hours they have been required to come into work so adjustment to 100% rate for those hours can be made.
- Paper claim forms will not be accepted with effective from the instigation of the covid rota for F1/F2/CT/ST.
- Exception reporting and associated pay will continue as normal. Exception reports should be used if a doctor is required to work longer than their shift described on the work schedule, not when a whole additional locum shift is undertaken.

**Pay Rates**

**Standby Shifts –** It is proposed that payment will be made at 50% of locum rate if not called in to work and 100% of locum rate if called in.

**Allocate on Arrival Shifts –** These will be paid at the locum rate for all the hours worked in the hospital

**Locum Shift Payments -** Locum shifts will be paid at the following locum rates:

| Grade | Current rates | Work carried out in hospital rates until 31-Mar-21. | On call from home rates (until 31 March 21) |
|---|---|---|---|
| **F1** | 35 | 35 | 17.5 |
| **F2** | 35 | 45 | 22.5 |
| **ST1/CT1** | 45 | 45 | 22.5 |
| **ST2/CT2** | 45 | 45 | 22.5 |
| **ST3+** | 55 | 55 day / 75 night | 27.5 / 37.5 |
| **Specialty Doc/Staff Grade** | 51 / 69 | 55 day / 75 night | 27.5 / 37.5 |

**Key risks:**

- Medical HR in Weston will need additional resource in order to bolster that efficient administration of the covid payments/rota coordination in liaison with the Rota Coordination Hub/Huddle.
- Health Roster team capacity to upload rotas should a team member fall ill or need to isolate etc.
- Allocate capacity to assist with roster builds however this is minimised by the principle of sticking with contractual rotas.
- Not all divisions/rotas are currently on Health Roster; in particular this applies to Weston and may apply in other areas. However risk mitigated by Medical HR in Weston. Additional resource for Medical HR will be required.
- The proposed pay rates are at a locum rate which means this model of payment is more expensive than paying at standard contractual rates which may cause financial risk/pressures. If the payments were in line with standard contractual pay, the current systems/facilities for payment would need to be modified and rates of pay for unsocial hours decided adding increased complexity and capacity/efficiency issues.
- The need to keep rotas live and also reflective of reality once built. This will need to be undertaken within the Rota Coordination Hub/Huddles. It requires adequate support for each division and must be treated as a priority
- There is a risk that Jr Doctors may not receive the correct level of breaks and rest periods despite every effort to prevent and monitor this risk, it is possible that it may still occur.
- Divisions need to ensure, as far as possible, that additional (standby / locum)

| | |
|---|---|
| | work is spread equally between trainees involved. It is important to understand that the Trust wide systems to prevent overwork and ensure adequate rest will not protect the doctors in the usual way. |
| R | Recommendations:<br><br>1. Approval of Definitions of Standby, Float and Locum shifts.<br>2. Use Health roster.<br>3. Contractual rotas will remain in place.<br>4. Proposed rates of pay are approved – Standby/Float in respect of the use of locum rates for payment as opposed to standard contractual rates.<br>5. Locum rates approved by TPAG are noted and agreed for robust decision making. |

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Date – 4 November 2020