

**Cover report to the Quality and Outcomes Committee meeting to be held on
Friday, 24th February 2017, 2:00pm – 5:00pm, Conference Room, Trust HQ,
Marlborough St, Bristol, BS1 3NU**

Meeting Title	Quality and Outcomes Committee	Agenda Item	5
		Meeting Date	Friday, 24 February 2017
Report Title	Report from the Safe Working Hours Guardian		
Author	Dr Alistair Johnstone, Guardian of Safe Working		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status	Closed		

Strategic Priorities (please chose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion services.	<input checked="" type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input checked="" type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	Strategic Priority 6: We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supports this goal.	<input type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required (please select any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input type="checkbox"/>

Executive Summary
<p><u>Purpose</u> This paper is the first report from the Guardian of Safe Working on the implementation of the 2016 junior doctor’s contract within the Trust. Significant changes to the way junior doctors are employed by the Trust are required as a result of the 2016 contract. Several departments have identified significant problems in implementing the new terms and conditions and, as a result, the Trust has departed from the National Implementation Timetable to a local alternative. The new contract has introduced a new way of monitoring junior doctors working hours to ensure safe working practices called exception reporting. This paper contains a summary of the these reports and actions taken as a result of them.</p> <p><u>Key issues to note</u> Currently only F1 doctors are employed on the new contract with the majority of the remainder transferring over the next 8 months. The new contract only applies to doctors in training, not those employed in trust grade posts.</p>

Recommendations

Members are asked to:
Note report for assurance

Intended Audience

(please select any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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Board Assurance Framework Risk

(please choose any which are impacted on / relevant to this paper)

Failure to maintain the quality of patient services.	<input checked="" type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to act on feedback from patients, staff and our public.	<input type="checkbox"/>	Failure to recruit, train and sustain an engaged and effective workforce.	<input checked="" type="checkbox"/>
Failure to enable and support transformation and innovation, to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.	<input type="checkbox"/>	Failure to take an active role in working with our partners to lead and shape our joint strategy and delivery plans, based on the principles of sustainability, transformation and partnership working.	<input type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input checked="" type="checkbox"/>

Corporate Impact Assessment

(please tick any which are impacted on / relevant to this paper)

Quality	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>
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Impact Upon Corporate Risk

None identified.

Resource Implications

(please tick any which are impacted on / relevant to this paper)

Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input checked="" type="checkbox"/>	Buildings	<input type="checkbox"/>

Date papers were previously submitted to other committees

Audit Committee	Finance Committee	Quality and Outcomes Committee	Remuneration & Nomination Committee	Other (specify)
OT	OT	OT	OT	Patient Safety Group

Overview

Successes	Priorities
<ul style="list-style-type: none"> • The Trust has introduced the 2016 Junior Doctor Contract for Foundation Year 1 doctors from December 2016 • The Trust implementation group has been strongly supported by the divisional management teams and is working well to identify and resolve problems arising from the new contract • There has been significant engagement from the highest levels of Trust management in the implementation of the new contract and in addressing many of the issues raised • The exception reporting system seems to be working well and is beginning to highlight areas of the organisation where extra support or review of working practices may be required • The Trust has adopted a local implementation timetable in a bid to ensure that safe staffing levels remain a priority across the organisation 	<ul style="list-style-type: none"> • Individual departments and divisions must focus on reviewing rotas yet to transfer to the new Terms and Conditions of service to determine the risk changes pose to their ability to ensure safe staffing levels • Particular focus is required on rotas where there are particularly challenging staffing issues and that may require additional staff or a change in working practices • The effect of the new contract on the ability of the Trust to deliver required training is poorly understood. This may be a particular problem for some “craft” specialties. Work is required to clarify this. • Ongoing communication and education around the changes in the new contract to both junior and senior medical staff is required • Work to understand the impact of additional work for educational supervisors is required
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • The fact that the new contract only applies to doctors in training posts means that there may be an opportunity to explore employing Trust grade doctors with enhanced terms and conditions to attract them to the Trust. • There may be opportunities to explore the use of non medical staff, such as physicians assistants or extended role nursing staff, to help departments improve stability of certain rotas and improve the level of staffing cover. 	<ul style="list-style-type: none"> • Failure to meet the new local implantation timetable may present a risk to the organisation in terms of: <ul style="list-style-type: none"> ○ Its reputation ○ Employment disputes ○ Its ability to provide safe working conditions for doctors in training ○ Confusion and financial disadvantage for trainees rotating from other Trusts. • Several departments have long term, structural, issues with staffing their rotas and the new, stricter, hours controls may compound this further. • The reduction in ability for junior doctors to carry out locum work and the reduced rates of pay being offered for this work may destabilise rotas further and could affect the ability to of the Trust to provide safe levels of medical staffing • Morale amongst junior doctors is low

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Introduction

This is the first report from the Guardian Of Safe Working for junior doctors– a new post which is mandated as part of the 2016 Junior Doctors Contract which is being implemented at the Trust. The Guardian is required to provide quarterly reports to the Board and to provide an aggregate report for the Annual Quality Report outlining rota gaps. This report follows the structure suggested by NHS Employers in their latest guidance for Guardians of Safe Working.

The 2016 Junior Doctor contract was introduced following a protracted period of industrial dispute and, as such, remains controversial amongst doctors in training. The new terms and conditions of service apply only to doctors in a recognised training post (with a National Training Number).

The new contract introduces several, more stringent, controls on maximum working hours than under the old contract and means that significant rota redesign is required from all departments in the Trust. The contract also, for the first time, makes the delivery of agreed educational opportunities a contractual obligation.

Under the old terms and conditions of service a process of hours monitoring was carried out over a 2 week period each year. This process was seen as being no longer fit for purpose as it was recognised that it did not result in changes to working patterns and, as potentially large sums of money were involved, often resulted in pay disputes between junior doctors and a Trust. The new contract mandates continuous monitoring of hours worked by each individual doctor – through a process known as exception reporting – with the aim of having a system that highlights problem rotas early and results in rapid changes in work schedules if doctors are breaching safe working limits.

The basic principle of the new contract is that junior doctors are paid for the actual hours of work that they do for the Trust. The exception reporting system allows for doctors and their supervisors to agree either that they are given time off in lieu or additional pay for any extra hours they work over their scheduled rota. If problems are recurrent and predictable (for example a doctor working late on a specific day each week due to a late running clinic) then the expectation is that departments revise their work schedules to reflect this rather than relying on a doctor submitting an exception report for each occurrence. In theory, therefore, the number of exception reports should decline with time.

The contract has also introduced the concept of “fines” on departments that allow their trainees to breach certain safe working limits (appendix A). These are deliberately punitive to try to ensure that Junior Doctors are not overworked and have suitable rest during and between shifts. These limits also apply to locum work carried out by a doctor – both internally and externally – which represents a significant shift in approach which may significantly reduce the availability of locum staff. Any “fines” which are levied on departments are to be spent on items to improve the working lives of the junior doctors and is decided by a committee of juniors known as the Junior Doctor Forum.

The guardian role was appointed by a panel made up of members of the executive team and junior doctors. The guardian needs to be a senior member of the medical staff and independent of the Trust management. As such they are unable to undertake any other management roles whilst in post. They are expected to act as a champion of safe working hours, monitor exception reports for trends within departments and rotas, can require work schedule reviews where problems are

identified and intervene where immediate risks to safety are identified by the doctors. They are also responsible for the administration of any fines levied as a result of breaching safe working limits.

The new contract is gradually being implemented over the next 12 months with different transition dates depending on grade and specialty. There is a national implementation timetable which most Trusts are following (Appendix B). University Hospitals Bristol have identified several rotas with particular difficulty in ensuring safe levels of medical cover under the new terms and conditions of service – mostly due to long term problems such as rota gaps which have not been fully resolved under the old contract – and a decision has been made to introduce a local implementation timetable (Appendix C). The aim of this local approach is to ensure patient safety is not compromised by the introduction of the new contract but there is a recognition that any delays to implementation can only be for a short period of time – not least because many juniors will be rotating into the Trust in August from other organisations who will have implemented the new contract.

Whilst the introduction of the new contract for F1 doctors has required only minimal changes to their work schedules there are several areas in the Trust where long standing workforce issues, such as rota gaps, have been highlighted by the rota reviews required by the new contract. There is significant concern from Consultants in several areas – most notably in the Childrens Hospital and in Trauma and Orthopaedics – about their ability to deliver safe levels of medical cover under the terms of the new contract. Many departments have relied on employing their juniors to undertake extra locum shifts to cover rota gaps, leave and sickness. The new contract significantly reduces the ability of the Trust to employ their doctors in this manner and reduces the payment for these extra sessions. There is a considerable concern that the more stringent hours controls coupled with reduced desire to undertake extra work (due to the reduction in pay) could destabilise already vulnerable rotas. Detailed work on this area is being undertaken by each division and reported through the fortnightly implementation group. I will also include information on this in future Guardian reports.

The new contract introduces several new responsibilities for their Consultant Educational Supervisors such as reviewing each exception report within strict time limits and undertaking work schedule reviews. There is concern from Consultants that this additional activity has not yet been recognised in the amount of time allocated in their job plans and this limits their ability to engage with the process in a meaningful way. It is important to note that University Hospitals Bristol provides less job planned time for Consultants than the national or regional average (we provide 0.25PA per 3 trainees whilst other organisations provide 0.25PA per 2 trainees). This has been recognised as an issue by the Medical Director and communication and discussion on how best to recognise this increased workload through the job planning process is taking place.

As guardian I have been encouraged by the positive and active engagement from all areas of the Trust in implementing the contract in a safe and considered way. I have attended fortnightly implementation meetings chaired by the Deputy Medical Director which have included junior doctor representation. I have also established a junior doctors forum and have held 2 meetings of this group. I have attended Trust induction, the Junior Doctors and Dentists Committee, the Local Negotiating Committee and given presentations to Consultants from various departments around the Trust. I have been developing links with the Medical Education team and the Medical HR team. I have been working hard to ensure that our processes around exception reporting are as streamlined as possible to ensure that extra workload – for both our trainees and their supervisors – is kept to a minimum. Working with the junior doctor representatives we have surveyed the junior doctors on the new contract for their opinions and have suggested changes based on their views.

High level data

Number of doctors / dentists in training (total):	533 (headcount, not WTE)
Number of clinical fellows:	109
Number of doctors / dentists in training on 2016 TCS (total):	41 (39 WTE)
Amount of time available in job plan for guardian to do the role:	2PAs per week
Admin support provided to the guardian (if any):	As required from Medical Directors team
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees

a) Exception reports (with regard to working hours)

At present it is only our Foundation Year 1 (F1) doctors who have transferred onto the new contract from the beginning of December 2016. This consists of 41 of the most junior trainees across medicine, surgery and psychiatry. These rotas are generally fully staffed and do not tend to have "rota gaps". These trainees tend to work in small numbers for individual departments within the Trust and carry out on call duties as part of a bigger rota. This means that they may work across more than one division within the Trust which adds complexity to their rota design.

Traditionally many of our F1 doctors have worked longer than their contracted hours. In the first 2 months there have been 91 "exception reports" raised by these doctors (see table below) the majority for working in excess of their scheduled hours. This is less than might have been expected from reviewing previous monitoring exercises and may reflect a combination of increased focus from senior colleagues in ensuring that the doctors are sent home on time, uncertainty around what constitutes a reasonable exception report and concern that submitting a report might be viewed negatively by their supervisors. In contrast to previous monitoring under the old contract, there have been very few reports submitted for failure to achieve natural breaks. Whilst this may reflect better working practices within departments it may also suggest a reluctance to raise the issue in the early stages of the new contract. As adequate rest breaks are essential to ensuring safe working practices this will be better highlighted to trainee doctors in future and it is likely that there may be an increase in this type of exception report in the future.

<i>Parent Specialty</i>	<i>No of trainee doctors on rota (WTE)</i>	<i>No of exception reports for exceeding scheduled hours</i>	<i>No of exception reports for not achieving agreed educational activities (such as attending mandatory teaching sessions)</i>
<i>Medicine</i>	<i>21</i>	<i>54</i>	<i>1</i>
<i>Surgery</i>	<i>15</i>	<i>33</i>	<i>3</i>
<i>Psychiatry</i>	<i>3</i>	<i>0</i>	<i>0</i>

One report raised an immediate safety concern. This is a new mechanism, in addition to the current processes, for a doctor to highlight an occurrence where they felt that the working schedule resulted in a significant risk to either their safety or that of their patients. This concern was raised by a doctor working on the surgical rota who had to cover the extra work caused by short notice sickness of a colleague. It highlighted a breakdown in the process of involving the senior clinicians in helping to reallocate junior staff to cover such gaps. As a result of this report a new departmental policy has been implemented to reduce the risk of this occurring in future.

In general consultant supervisors have engaged positively with the new processes and undertaken timely meetings and reviews with the junior doctors. There have been some issues with the implementation of the new electronic system chosen by the Trust (Allocate) such as setting up supervisors on the system and an inability to access the system from some of the computers in the Trust. The new contract mandates that reports are reviewed within 7 days of being submitted – this is likely to be challenging for some supervisors to meet and there are discussions around whether we need to negotiate a local extension for this to cover periods of annual leave, for example.

The vast majority of our junior doctors are still employed on the old (2002) contract terms and conditions. As discussed above this contract mandates a period of hours monitoring is carried out on a regular basis. The outcomes of the most recent monitoring exercise for each of the rotas still on the old contract is shown below. The majority of these rotas are scheduled to move onto the new terms and conditions within the next 8 months. These monitoring results give some insight into the scale of the challenge that the organisation faces in moving to the new contract. Previously the Trust could contract doctors to work up to 56 hours a week, now the maximum is 48 hours per week. Rotas which have previously monitored as between 48 and 56 hours a week have a banding of 3, 2A or 2B in the table below (The number reflects the number of working hours the letter represents the intensity of work, with A being the most intense). The Working Time Regulations (in terms of breaks and rest periods) still apply under the new contract. There remains a significant proportion of rotas where either the working hours are greater than 48 hours or the rest periods are not being achieved.

SPECIALTY	GRADE	ROSTERED HOURS	MONITORED HOURS	BANDING	WTR COMPLIANT (Y/N)
<i>Haematology Oncology</i>	<i>F2 & ST1-2</i>	<i>54.28</i>	<i>42.21</i>	<i>1A (Contracted at 2B however it has now monitored 1A)</i>	<i>Y</i>
<i>Oncology</i>	<i>ST3-8</i>	<i>50.04</i>	<i>47.26</i>	<i>2B</i>	<i>N</i>
<i>Oncology (on-calls only)</i>	<i>ST3-8</i>	<i>48.53</i>	<i>42.47</i>	<i>2B</i>	<i>N</i>
<i>Oncology (0.8)</i>	<i>ST3-8</i>	<i>40.42</i>	<i>31.56</i>	<i>1B</i>	<i>Y</i>
<i>Oncology Flexi</i>	<i>ST3-8</i>	<i>27.5</i>	<i>25.33</i>	<i>FC</i>	<i>N</i>
<i>Haematology</i>	<i>ST3-8</i>	<i>50.55</i>	<i>49.35</i>	<i>2B</i>	<i>N</i>

<i>Cardiothoracic</i>	<i>ST3-8</i>	<i>51.43</i>	<i>43.55</i>	<i>2B</i>	<i>Y</i>
<i>Cardiothoracic</i>	<i>ST3-8</i>	<i>46.45</i>	<i>45.34</i>	<i>1A</i>	<i>Y</i>
<i>Cardiology</i>	<i>ST3-8</i>	<i>46.3</i>	<i>45.5</i>	<i>1B</i>	<i>Y**</i>
<i>Cardiology (50% On-calls)</i>	<i>ST3-8</i>	<i>44.3</i>	<i>44.19</i>	<i>1B</i>	<i>Y**</i>
<i>Cardiology (flexi)</i>	<i>ST3-8</i>	<i>25.11</i>	<i>24.56</i>	<i>FA</i>	<i>Y</i>
<i>Cardiology (40% On-call)</i>	<i>ST3-8</i>			<i>1B</i>	
<i>Paediatric Cardiology</i>	<i>ST4+</i>	<i>48.28</i>	<i>42.49</i>	<i>2B</i>	<i>N</i>
<i>Paediatric Oncology</i>	<i>ST4+</i>	<i>46.24</i>	<i>41.22</i>	<i>1B</i>	<i>Y</i>
<i>Paediatric Surgery</i>	<i>ST1-2</i>	<i>53.13</i>	<i>50.26</i>	<i>2B</i>	<i>N</i>
<i>Paediatric Surgery</i>	<i>ST4+</i>	<i>53.13</i>	<i>50.26</i>	<i>3</i>	<i>Y</i>
<i>Paediatric Surgery Flexi</i>	<i>ST4+</i>	<i>27.39</i>	<i>24.16</i>	<i>2B</i>	<i>Y*</i>
<i>Paediatric Cardiac Surgery</i>	<i>ST4+</i>			<i>1A</i>	
<i>PICU</i>	<i>ST2+</i>	<i>43.21</i>	<i>36.5</i>	<i>1A</i>	<i>Y</i>
<i>NICU</i>	<i>ST1-3</i>	<i>44.17</i>	<i>42.55</i>	<i>1A</i>	<i>Y</i>
<i>NICU</i>	<i>ST4+</i>	<i>52.52</i>	<i>37.25</i>	<i>2A</i>	<i>Y</i>
<i>NICU Flexi</i>	<i>ST4+</i>	<i>25.48</i>	<i>24.49</i>	<i>FA</i>	<i>N</i>
<i>Obs & Gynae 1st On Call</i>	<i>F2 & ST1-2</i>	<i>49.49</i>	<i>45.44</i>	<i>2B</i>	<i>Y</i>
<i>Obs & Gynae 2nd On-Call</i>	<i>ST3-5</i>	<i>50.18</i>	<i>45.27</i>	<i>2B</i>	<i>Y</i>
<i>Obs & Gynae 3rd On-Call</i>	<i>ST4+</i>	<i>47.08</i>	<i>46.38</i>	<i>1A</i>	<i>Y</i>
<i>Obs & Gynae 3rd Flexi</i>	<i>ST4+</i>	<i>26.34</i>	<i>25.36</i>	<i>FA</i>	<i>Y</i>
<i>Paediatric Medicine</i>	<i>F2 & GPST1</i>	<i>47.47</i>	<i>44.29</i>	<i>1A</i>	<i>Y</i>
<i>Paediatric Medicine</i>	<i>ST2-3</i>	<i>48.58</i>	<i>45.47</i>	<i>1A</i>	<i>Y</i>
<i>Paediatric Medicine (inc. Specialty) Full Time</i>	<i>ST4+</i>	<i>51.36</i>	<i>47.38</i>	<i>1A</i>	<i>N</i>

<i>Paediatric Medicine (inc. specialty) Flexis</i>	<i>ST4+</i>			<i>FB</i>	
<i>Paediatric ED</i>	<i>ST4+</i>	<i>47.54</i>	<i>42.18</i>	<i>1A</i>	<i>Y</i>
<i>Paediatric Neurosurgery</i>	<i>ST4+</i>	<i>54.04</i>	<i>48.58</i>	<i>2A</i>	<i>N</i>
<i>Anaesthesia General 1st On-Call</i>	<i>ST3+</i>	<i>50.35</i>	<i>41.32</i>	<i>1A</i>	<i>Y**</i>
<i>Anaesthesia General 2nd On-Call</i>	<i>ST4+</i>	<i>50.35</i>	<i>40.4</i>	<i>1A (Contracted at 2B however it has monitored as 1A)</i>	<i>Y</i>
<i>Anaesthesia General Flexi</i>	<i>ST3+</i>	<i>27.45</i>	<i>24.27</i>	<i>FB</i>	<i>Y**</i>
<i>Anaesthesia Cardiac</i>	<i>ST3+</i>	<i>47.38</i>	<i>45.36</i>	<i>1A</i>	<i>Y</i>
<i>Anaesthesia Cardiac Flexi</i>	<i>ST3+</i>	<i>27.45</i>	<i>25.07</i>	<i>FB</i>	<i>Y</i>
<i>ITU</i>	<i>ST3+</i>	<i>45.11</i>	<i>40.54</i>	<i>1A</i>	<i>Y</i>
<i>ITU - Joint ICM Trainee</i>	<i>ST3+</i>	<i>38.15</i>	<i>37.45</i>	<i>1A</i>	<i>N</i>
<i>Anaesthesia Obs & Gynae</i>	<i>ST3+</i>	<i>43.26</i>	<i>42.34</i>	<i>1A</i>	<i>Y</i>
<i>Anaesthesia Obs & Gynae LTFT</i>	<i>ST3+</i>			<i>FA</i>	
<i>Anaesthesia Paediatric</i>	<i>ST3+</i>	<i>47.21</i>	<i>44.28</i>	<i>1A</i>	<i>Y</i>
<i>HDU</i>	<i>F2</i>	<i>44.33</i>	<i>37.46</i>	<i>1A</i>	<i>Y</i>
<i>ENT</i>	<i>ST1-2</i>	<i>48.31</i>	<i>44.5</i>	<i>2B (Contracted at 2B however it has monitored as 1B)</i>	<i>Y*</i>
<i>ENT</i>	<i>ST3+</i>	<i>54.53</i>	<i>46.52</i>	<i>2B (Contracted at 2B however it has</i>	<i>Y</i>

				<i>monitored as 1C)</i>	
<i>General Surgery</i>	<i>ST1-2</i>	<i>48.28</i>	<i>45.42</i>	<i>2B (Contracted at 2B however it has monitored as 1B)</i>	<i>Y</i>
<i>General Surgery</i>	<i>ST3+</i>	<i>48.55</i>	<i>45.14</i>	<i>2B (Contracted at 2B however it has monitored as 1B)</i>	<i>Y</i>
<i>General Surgery SpR Flexis</i>	<i>ST3+</i>	<i>28.13</i>	<i>27.17</i>	<i>FB</i>	<i>Y</i>
<i>Trauma & Orthopaedics</i>	<i>ST1-2</i>	<i>49.35</i>	<i>42.47</i>	<i>2B (Contracted at 2B however it has monitored as 1A)</i>	<i>Y**</i>
<i>Trauma & Orthopaedics</i>	<i>ST3+</i>	<i>49.06</i>	<i>43.19</i>	<i>2B (Contracted at 2B however it has monitored as 1B)</i>	<i>Y</i>
<i>Ophthalmology 1st On-Call</i>	<i>ST3+</i>	<i>54.29</i>	<i>49.55</i>	<i>2B</i>	<i>Y</i>
<i>Ophthalmology 2nd On-Call</i>	<i>ST3+</i>	<i>47.59</i>	<i>44.54</i>	<i>1B</i>	<i>N</i>
<i>Thoracic Surgery</i>	<i>ST1-2</i>			<i>FA</i>	<i>Y</i>
<i>Maxillo-facial</i>	<i>ST1-2</i>	<i>40.48</i>	<i>34.52</i>	<i>1A</i>	<i>Y</i>
<i>Maxillo-facial</i>	<i>ST3-8</i>	<i>55.25</i>	<i>48.21</i>	<i>2B</i>	<i>N</i>
<i>Maxillo-facial (flexi)</i>	<i>ST3-8</i>	<i>35.36</i>	<i>29.11</i>	<i>FA (full time on call)</i>	<i>N</i>
<i>Radiology LTFT</i>	<i>ST3+</i>	<i>27.29</i>	<i>24.04</i>	<i>FB (previous 3)</i>	<i>Y</i>

<i>Radiology</i>	<i>ST3+</i>	<i>47.48</i>	<i>41.15</i>	<i>1B</i>	<i>Y</i>
<i>Histopathology</i>	<i>ST3+</i>	<i>43</i>	<i>39.38</i>	<i>1B</i>	<i>Y</i>
<i>Chemical Pathology</i>	<i>ST3+</i>	<i>48</i>	<i>41.42</i>	<i>1B</i>	<i>Y</i>
<i>Paediatric Perinatal Pathology</i>	<i>ST3+</i>	<i>42.3</i>	<i>43.28</i>	<i>None</i>	<i>Y</i>
<i>Microbiology</i>	<i>ST3+</i>	<i>58</i>	<i>37.16</i>	<i>1A</i>	<i>Y</i>
<i>Adult ED</i>	<i>ST1-2</i>	<i>40.54</i>	<i>40.13</i>	<i>1A</i>	<i>Y</i>
<i>Adult ED</i>	<i>ST1-2</i>	<i>45.08</i>	<i>39.3</i>	<i>1A</i>	<i>Y</i>
<i>Adult ED</i>	<i>ST4 (SHO-SPR Float)</i>	<i>44.26</i>	<i>45.34</i>	<i>1A</i>	<i>Y</i>
<i>Adult ED</i>	<i>ST3+</i>	<i>46.54</i>	<i>43.33</i>	<i>1A</i>	<i>Y</i>
<i>Flexi Adult ED</i>	<i>ST3+</i>	<i>20.45</i>	<i>20.45</i>	<i>FA</i>	<i>Y</i>
<i>General Medicine</i>	<i>ST1-2</i>	<i>47.29</i>	<i>44.11</i>	<i>1B</i>	<i>Y</i>
<i>General Medicine</i>	<i>ST1-2</i>	<i>47.3</i>	<i>45.4</i>	<i>1B</i>	<i>Y</i>
<i>Flexi Slot Sharers General Medicine</i>	<i>ST1-2</i>	<i>27.44</i>	<i>26.59</i>	<i>FB</i>	<i>Y**</i>
<i>Gen Med Flexi</i>	<i>ST1-3</i>	<i>27.41</i>	<i>26.48</i>	<i>FB</i>	<i>Y</i>
<i>General Medicine</i>	<i>ST3+</i>	<i>49.58</i>	<i>43.46</i>	<i>2B</i>	<i>Y</i>
<i>Flexi General Medicine Flexi</i>	<i>ST3+</i>	<i>28.07</i>	<i>26.07</i>	<i>FB</i>	<i>Y</i>
<i>Flexi General Medicine</i>	<i>ST3+</i>			<i>FB</i>	<i>Y</i>
<i>Dermatology</i>	<i>ST3+</i>	<i>53.2</i>	<i>50.03</i>	<i>2B</i>	<i>N</i>
<i>Dermatology Flexible</i>	<i>ST3+</i>	<i>27.52</i>	<i>27.43</i>	<i>FB</i>	<i>Y</i>

* The response rate to this exercise was below 75% so no statistically valid figures are available.

** The response rate to this exercise was below 75% but no issues with shift lengths or breaks were reported and the rota has historically been compliant

b) Work schedule reviews

As the contract is relatively new there have been no formal work schedule reviews undertaken. Individual rota coordinators have been provided with a summary of exception reports and are investigating incorporating changes into subsequent rotas to address these.

In one area (F1 cardiology) it has become clear that there are an above average number of exception reports to date – the division and the consultants in this area are working on a plan to address this in conjunction with medical HR. The dilemma they face is that they may need to reduce the availability of ward medical cover to redesign their rotas. This will be monitored on an ongoing basis.

c) Locum bookings

As mentioned above there have been significant changes made to the arrangements for locum work by junior doctors. The new arrangements mean that the Trust is unable to contract a doctor for a locum shift if doing so would result in them breaching their safe working hours controls. Junior doctors are now tied to a “fidelity clause” which mandates they offer their time to their employer before performing locum work for an external organisation. At present we have no mechanism for implementing or monitoring this aspect of the contract.

The new contract also mandates a significantly reduced hourly rate of pay for any locum work undertaken by junior doctors. There is concern that this may make the work less attractive to doctors and they may choose not to undertake additional work, adding to the difficulty in filling rota gaps. At present the Trust has chosen not to implement these new rates of pay and is still offering the old, higher, rates to doctors on both contracts.

The extent of locum work currently being carried out by junior doctors in the Trust is poorly understood in terms of the degree to which it is being used to fill gaps on rotas to ensure safe staffing levels within the Trust. The Medical HR department is currently working to gain a better understanding of the extent of this work and will be reporting this to the Trust implementation group.

In general terms less locum work is carried out by the F1 doctors than more senior grades where the number of trainees is smaller. There are several departments in the Trust which have established “locum rotas” to help cover long term structural rota gaps. In January 2017 there were around 400 claims submitted for extra locum shifts carried out by junior doctors – and it is felt that this is a fair representation of the average volume of additional work being carried out by trainees each month. This represents a significant risk to the future stability of rotas if this work is no longer able to be carried out and forms part of the review of rotas being carried out by divisional management teams.

d) Vacancies

There are no vacancies in the F1 junior doctor group. Work is ongoing to identify these vacancies in other areas prior to doctors being transferred onto the new contract. One issue which has become apparent is that there is often fluctuation in the number of trainees sent to the hospital from the Deanery for training posts. The Trust has very little control over this process. The new contract mandates that the Deanery must inform the Trust of the number of trainees coming to the

organisation at least 12 weeks before the start of each rotation. Although this is an improvement on the situation under the old contract it is still not enough time for the Trust to recruit short term staff to fill an upcoming rota gap. This was previously managed by the use of internal locums covering these short notice gaps. The Trust has raised this issue with both the local deanery and NHS England but is yet to obtain an acceptable solution.

e) **Fines**

There have been no fines levied to date on behalf of the Guardian of Safe Working in relation to breaches of the safe working limits. However, due to the way the averaging rules work, we would not expect to see these fines being levied until the last few weeks of each rotation period. The Trust has developed a system to monitor working hours and highlight the trainees at risk of breaching hours controls. At present this is only available to HR and the guardian but work is ongoing to determine how best to share this with trainees and their supervisors.

Qualitative information

I am concerned about low morale amongst junior doctors in the Trust. Although this reflects discontent at the imposition of the new contract following a protracted period of industrial action last year, rather than the actions of the Trust, it is clearly a major issue that needs to be addressed. There are certain areas of the Trust, such as the Childrens hospital, where morale appears to be particularly low. Many trainees appear to have become disillusioned with medicine as a career. Whilst the solutions to this need to be addressed at a national level I'm interested in working with the trainees to examine how the Trust can help improve this situation.

Issues arising

It is clear that the new contract has highlighted several areas of the Trust where there are problems with levels of medical staffing. Many of these appear to be long term structural issues, often outside of the immediate control of the individual departments. Data from exception reporting by the F1 doctors seems to indicate that most junior doctors occasionally undertake extra work to ensure patient safety. In some departments, where the workload is particularly high, this requirement seems to occur more frequently. As the contract is still being rolled out it is unclear the extent to which more senior grades of trainee, still on the old contract, are being required to pick up extra workload in an attempt to reduce the requirement for trainees on the new contract to work these extra hours.

Although most departments are confident of being able to resolve the majority of their rota difficulties given the extra time allowed by the Trust adopting a local timetable there are some areas where significant concern has been raised about their ability to resolve their issues. As individual departments work to identify their rota issues and develop plans to address them the extent of this problem will hopefully become clearer.

The volume of work required to individually review new rotas and ensure they comply with the new contractual rules is significant. The Trust has agreed to appoint a new post in the Medical HR department to help address this issue.

Concern has been raised from some specialties, especially "craft" specialties such as paediatric surgery, that a further reduction in the hours that a doctor can work may cause problems for them delivering sufficient training within the reduced time available. I have encouraged consultants in these specialties to raise this issue with their respective Colleges who seem best placed to give

guidance on the future of training for their junior staff. It is, however, an area which the Trust will need to monitor the impact of in future – not least as the provision of agreed educational objectives is a major feature of the new contract.

The effect of an increased requirement for education supervisors to individually review each exception report is not yet known. In addition to the requirement to individually review each junior doctor rota the Trust may need to review the job plans of educational supervisors to ensure they are given sufficient time to constructively engage with the requirements of the new contract. Any data obtained from reviews of consultant job plans will be included in future reports.

Actions taken to resolve issues

All departments within the Trust are undertaking an urgent review process of their rotas with oversight from the Trust implementation group seeking to identify and resolve any issues.

I am reassured by the strong guidance from the Trust that patient safety should be the main focal point of the reviews and that doctors should not be transferred onto the new contract where there is a significant concern about the ability of departments to ensure safe levels of medical cover for their patients. The adoption of a local implementation timetable has allowed extra time for these reviews to take place but the volume of work required to undertake these reviews should not be understated.

Within the small group of doctors who have already transferred to the new contract any problems identified have been relatively minor and individual departments are working hard to resolve them for the next intake of junior doctors. It remains the case that we only have a very short period of data to guide these decisions and are yet to fully appreciate the impact any changes may have on service delivery or training in the future. Part of the work of the implementation group involves developing learning from this group which may be used to anticipate problems as future rotas transition to the new terms and conditions.

Summary

The 2016 junior doctor contract represents a significant challenge to the Trust and the way in which it delivers safe clinical care and training for junior doctors. It remains too early to know the full impact that this contract will have in the future but it is likely that many departments will have to adopt new ways of working to address long standing problems within junior doctor rotas.

The reduction in the maximum number of hours that a junior doctor can work coupled with a reduction in their ability to carry out internal locum work to help fill rota gaps will undoubtedly have a positive effect in relation to ensuring safe working practices but may have a negative effect on the stability of rotas and the ability of the Trust to provide adequate medical cover and high quality training.

Questions for consideration

The Board is asked to note the above report and the considerable work being undertaken by the Trust in relation to the implementation of the 2016 junior doctors contract.

Appendix A – Factsheet on rules of the 2016 Junior Doctor Contract

Junior doctors The new 2016 contract

Factsheet – rota rules at a glance

For full details please refer to schedule 3 of the [terms and conditions of service \(TCS\)](#).

Rule	Notes
Max 48 hour average working week*	A guardian of safe working hours fine will apply if this rule is breached
Max 72 hours work in any 7 consecutive days*	A guardian of safe working hours fine will apply if this rule is breached
Max 13 hour shift length	On-call periods can be up to 24 hours
Max 5 consecutive long shifts, at least 48 hours rest following the fifth shift	Long shift - a shift rostered to last longer than 10 hours
Max 4 consecutive long daytime/evening shifts, at least 48 hours rest following the fourth shift	Long evening shift - a long shift starting before 16.00 rostered to finish after 23.00 (a long shift starting after 16.00 will fall in to the definition of a night shift)
Max 4 consecutive night shifts. At least 46 hours rest following the third or fourth such shift	Night shift - at least 3 hours of work in the period 23.00 to 06.00. Rest must be given at the conclusion of the final shift, which could be the third or fourth
Max 8 consecutive shifts (except on low intensity on-call rotas), at least 48 hours rest following the final shift	Low intensity on-call - duty on a Saturday and Sunday where 3 hours, or less, work takes place on each day, and no more than 3 episodes of work each day. Up to 12 consecutive shifts can be worked in this scenario provided that no other rule is breached
Max frequency of 1 in 2 weekends can be worked	Weekend work - any shifts/on-call duty periods where any work falls between 00.01 Saturday and 23.59 Sunday
Max frequency of 1 in 2 weekends can be worked (special exception for nodal point 2)	For one placement at F2 (typically emergency medicine), the definition of weekend work is any shift rostered to start between 00.01 Saturday and 23.59 on a Sunday
Normally at least 11 hours continuous rest between rostered shifts (separate on-call provisions below).*	Breaches of rest subject to time off in lieu (TOIL) which must be given within 24 hours. In exceptional circumstances where rest reduced to fewer than 8 hours, time will be paid at a penalty rate & doctor not expected to work more than five hours the following day. A guardian of safe working hours fine will apply in this circumstance.
30 minute break for 5 hours work, a second 30 minute break for more than 9 hours*	A guardian of safe working hours fine will apply if breaks are missed on at least 25 per cent of occasions across a four week reference period. Breaks should be taken separately but if combined must be taken as near as possible to the middle of the shift
Specific to on-call working patterns	
No consecutive on-call periods apart from Saturday & Sunday. No more than 3 on-call periods in 7 consecutive days	A maximum of 7 consecutive on-call periods can be agreed locally where safe to do so and no other safety rules would be breached; likely to be low intensity rotas only
Day after an on-call period must not be rostered to exceed 10 hours	Where more than one on-call period is rostered consecutively (e.g. Sat/Sun), this rule applies to the day after the last on-call period
Expected rest while on-call is 8 hours per 24 hour period, of which at least 5 hours should be continuous between 22.00 and 07.00	If it is expected this will not be met, the day after must not exceed five hours. Doctor must inform employer where rest requirements not met, TOIL must be taken within 24 hours or the time will be paid
No doctor should be rostered on-call to cover the same shift as a doctor on the same rota is covering by working a shift	Unless there is a clearly defined clinical reason agreed by the clinical director and the working pattern is agreed by both the guardian and the director of medical education

* highlights where a potential guardian fine applies.

Appendix B – National implementation timetable



Implementation timeline

Date	Action
July 2016	Appoint guardians of safe working hours
26 July 2016	Guardian of safe working hours conference, London
3 August 2016	Contract is live
October 2016	Transition to the new terms and conditions of service (TCS) for: <ul style="list-style-type: none"> • Obstetrics ST3 and above
November - December 2016	Transition to the new TCS for: <ul style="list-style-type: none"> • F1 doctors taking up next appointments • F2 doctors taking up next appointment and sharing rotas with F1 doctors
February - April 2017	Transition to the new TCS for: <ul style="list-style-type: none"> • Psychiatry trainees taking up next appointments (all grades) • Pathology trainees (lab based) (all grades) • Paediatrics trainees taking up next appointments (all grades) • Surgical trainees (all disciplines) taking up next appointments (all grades) • F2 doctors and GP trainees (ST1/2) taking up next appointments and sharing rotas with any of the above
August - October 2017	All remaining trainees taking up next appointments (all grades) All new starters (all grades)

Notes:

- [1] The above does not include trainees employed on long-term contracts in lead employer arrangements (other than those who joined such arrangements on a single placement contract in August 2016, or those whose contracts have a clause allowing for them to be varied in this way); these trainees will remain on the 2003 TCS until they finish training and / or their current contracts expire.
- [2] There will be some parts of the country where rotation dates do not coincide precisely with the above timetable. In such cases, trainees will move to the new terms at the next rotation date following their scheduled transition date, and by October 2017 at the latest.

Appendix C – Local Implementation timetable

<i>Division</i>	<i>Rota</i>	<i>Date of transfer</i>	<i>Task</i>	<i>Owner</i>	<i>Comments</i>	<i>RAG</i>
April						
W&C	O&G ST1-2/ F2	05/04/2017	<i>Provide Division with rota compliance and costings report</i>	AB	<i>Sent final & revised version 9.2.17</i>	Green
	Deferred from Feb 17		<i>Ensure rota complies with 2016 T&Cs</i>	Div / AB	<i>Existing pattern compliant</i>	Green
			<i>Prepare generic work schedules</i>	Div / AB	<i>Need F2 schedule</i>	Red
			<i>Map doctors to each post and prepare work schedules</i>	Div	<i>F2 outstanding</i>	Yellow
			<i>Proforma for financial sign off completed</i>	Div		Red
			<i>Director of Finance sign off obtained</i>	PM		Red
			<i>Issue work schedules with conditional offer</i>	AB		Green
			<i>Ask doctors for annual leave requests</i>	Div		Green
			<i>Issue duty roster</i>	Div		Green
SH&N	General Surgical ST1-2 / F2 HDU	05/04/2017	<i>Provide Division with rota compliance and costings report</i>	AB		Green
	Deferred from Feb 17		<i>Ensure rota complies with 2016 T&Cs</i>	Div / AB		Green
			<i>Prepare generic work schedules</i>	Div / AB		Green
			<i>Map doctors to each post and prepare work schedules</i>	Div		Red
			<i>Proforma for financial sign off completed</i>	Div		Red
			<i>Director of Finance sign off obtained</i>	PM		Red
			<i>Issue work schedules with conditional offer</i>	AB		Red

			Ask doctors for annual leave requests	Div		
			Issue duty roster	Div		
August						
W&C	O&G ST3-4	02/08/2017	Provide Division with rota compliance and costings report			
	Deferred from Feb 17		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
W&C	O&G ST5+	02/08/2017	Provide Division with rota compliance and costings report			
	Deferred from Feb 17		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			

			<i>Issue duty roster</i>			
W&C	<i>Paeds ED (ST4+)</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
	<i>Deferred from Feb 17</i>		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	<i>PICU</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
	<i>Deferred from Mar 2017</i>		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	<i>Paediatric Surgery ST1-2</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			

	Deferred from Feb & Mar 2017		Ensure rota complies with 2016 T&Cs			
	includes CTs so needs to change in August		Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
W&C	Paed Neurosurgery	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
W&C	Paed Plastics & Burns	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			

			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	Paed Medicine GP / F2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	Paed T&O ST4+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		

			Director of Finance sign off obtained	PM	
			Issue work schedules with conditional offer		
			Ask doctors for annual leave requests		
			Issue duty roster		
Med	General Medicine CT1-2	02/08/2017	Provide Division with rota compliance and costings report		
			Ensure rota complies with 2016 T&Cs		
			Prepare generic work schedules		
			Map doctors to each post and prepare work schedules		
			Proforma for financial sign off completed		
			Director of Finance sign off obtained		
			Issue work schedules with conditional offer		
			Ask doctors for annual leave requests		
			Issue duty roster		
Med	General Medicine ST3+	02/08/2017	Provide Division with rota compliance and costings report		
			Ensure rota complies with 2016 T&Cs		
			Prepare generic work schedules		
			Map doctors to each post and prepare work schedules		
			Proforma for financial sign off completed	Division	
			Director of Finance sign off obtained	PM	
			Issue work schedules with conditional offer		

			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
Med	<i>Dermatology ST3-8</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
Med	<i>Emergency Med ST3+</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			

Med	Emergency Med ST1-2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
Med	GU Medicine	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
Med	Academic F2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			

			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SpS	Oncology ST3+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SpS	Haematology ST3+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			

			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	
			<i>Issue work schedules with conditional offer</i>		
			<i>Ask doctors for annual leave requests</i>		
			<i>Issue duty roster</i>		
SpS	Oncology & Haematology CT1-2 / F2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>		
			<i>Ensure rota complies with 2016 T&Cs</i>		
			<i>Prepare generic work schedules</i>		
			<i>Map doctors to each post and prepare work schedules</i>		
			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	
			<i>Issue work schedules with conditional offer</i>		
			<i>Ask doctors for annual leave requests</i>		
			<i>Issue duty roster</i>		
SpS	Cardiology ST3+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>		
			<i>Ensure rota complies with 2016 T&Cs</i>		
			<i>Prepare generic work schedules</i>		
			<i>Map doctors to each post and prepare work schedules</i>		
			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	

			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SpS	Cardiothoracic ST3+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SpS	Cardiothoracic ST1-2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
	<i>are they all fellows?</i>		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			

			<i>Issue duty roster</i>			
SpS	<i>Palliative Care ST3+</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SH&N	<i>T&O ST3+</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>		<i>21.10.16</i>	
	<i>Deferred from February 2017</i>		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
			<i>Provide action plan to achieve compliance to MC</i>	<i>Division</i>	<i>15.2.17</i>	

SH&N	T&O ST1-2	02/08/2017	Provide Division with rota compliance and costings report		21.10.16	
	<i>Deferred from February 2017</i>		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	Oral Max Fax ST1-2	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	Oral Max Fax ST3+	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			

			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SH&N	Dental Core Trainees	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SH&N	ENT ST1-2	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			

			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	
			<i>Issue work schedules with conditional offer</i>		
			<i>Ask doctors for annual leave requests</i>		
			<i>Issue duty roster</i>		
SH&N	ENT ST3+	02/08/2017	<i>Provide Division with rota compliance and costings report</i>		
			<i>Ensure rota complies with 2016 T&Cs</i>		
			<i>Prepare generic work schedules</i>		
			<i>Map doctors to each post and prepare work schedules</i>		
			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	
			<i>Issue work schedules with conditional offer</i>		
			<i>Ask doctors for annual leave requests</i>		
			<i>Issue duty roster</i>		
SH&N	Ophthalmology ST3+ 1st on-call	02/08/2017	<i>Provide Division with rota compliance and costings report</i>		
			<i>Ensure rota complies with 2016 T&Cs</i>		
			<i>Prepare generic work schedules</i>		
			<i>Map doctors to each post and prepare work schedules</i>		
			<i>Proforma for financial sign off completed</i>	<i>Division</i>	
			<i>Director of Finance sign off obtained</i>	<i>PM</i>	

			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SH&N	<i>Ophthalmology ST3+ 2nd on-call</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
SH&N	<i>Anaesthesia General ST3+ 1st on-call</i>	<i>02/08/2017</i>	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			

			Issue duty roster			
SH&N	Anaesthesia General ST3+ 2nd on-call	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	Anaesthesia O&G ST3+	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	Anaesthesia Cardiac ST3+	02/08/2017	Provide Division with rota compliance and costings report			

			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	Anaesthesia Paeds ST3+	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
SH&N	ITU ST3+	02/08/2017	Provide Division with rota compliance and costings report			
			Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			

			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
Trust	Occupational Health	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
D&T	Radiology	02/08/2017	<i>Provide Division with rota compliance and costings report</i>			
	Severn Deanery		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		

			Director of Finance sign off obtained	PM	
			Issue work schedules with conditional offer		
			Ask doctors for annual leave requests		
			Issue duty roster		
D&T	Chemical Pathology ST3+	02/08/2017	Provide Division with rota compliance and costings report		
			Ensure rota complies with 2016 T&Cs		
			Prepare generic work schedules		
			Map doctors to each post and prepare work schedules		
			Proforma for financial sign off completed	Division	
			Director of Finance sign off obtained	PM	
			Issue work schedules with conditional offer		
			Ask doctors for annual leave requests		
			Issue duty roster		
D&T	Microbiology ST3+	02/08/2017	Provide Division with rota compliance and costings report		
			Ensure rota complies with 2016 T&Cs		
			Prepare generic work schedules		
			Map doctors to each post and prepare work schedules		
			Proforma for financial sign off completed	Division	
			Director of Finance sign off obtained	PM	
			Issue work schedules with conditional offer		

			Ask doctors for annual leave requests			
			Issue duty roster			
September						
W&C	Paediatric Surgery ST4+	06/09/2017	Provide Division with rota compliance and costings report			
	Deferred from March 2017		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
			Provide action plan to achieve compliance to MC	Division		
W&C	Paediatric Medicine ST1-3	06/09/2017	Provide Division with rota compliance and costings report			
	Deferred from March 2017		Ensure rota complies with 2016 T&Cs			
	? F2s on rota		Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			

			Ask doctors for annual leave requests			
			Issue duty roster			
W&C	Paediatric Medicine ST4+	06/09/2017	Provide Division with rota compliance and costings report		3.10.16	
	Deferred from March 2017		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			
W&C	NICU ST1-3	06/09/2017	Provide Division with rota compliance and costings report		31.1.17	
	Deferred from March 2017		Ensure rota complies with 2016 T&Cs			
			Prepare generic work schedules			
			Map doctors to each post and prepare work schedules			
			Proforma for financial sign off completed	Division		
			Director of Finance sign off obtained	PM		
			Issue work schedules with conditional offer			
			Ask doctors for annual leave requests			
			Issue duty roster			

W&C	NICU ST4+	06/09/2017	<i>Provide Division with rota compliance and costings report</i>			
	<i>Deferred from March 2017</i>		<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	Paediatric Cardiology	06/09/2017	<i>Provide Division with rota compliance and costings report</i>			
	<i>Deferred from March 2017</i>		<i>Ensure rota complies with 2016 T&Cs</i>		<i>8.2.17</i>	
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	Paediatric Oncology	06/09/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			

			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
W&C	Paediatric Cardiac Surgery	06/09/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			
			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>	<i>Division</i>		
			<i>Director of Finance sign off obtained</i>	<i>PM</i>		
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			
October						
SH&N	General Surgical ST3+	04/10/2017	<i>Provide Division with rota compliance and costings report</i>			
			<i>Ensure rota complies with 2016 T&Cs</i>			
			<i>Prepare generic work schedules</i>			

			<i>Map doctors to each post and prepare work schedules</i>			
			<i>Proforma for financial sign off completed</i>			
			<i>Director of Finance sign off obtained</i>			
			<i>Issue work schedules with conditional offer</i>			
			<i>Ask doctors for annual leave requests</i>			
			<i>Issue duty roster</i>			