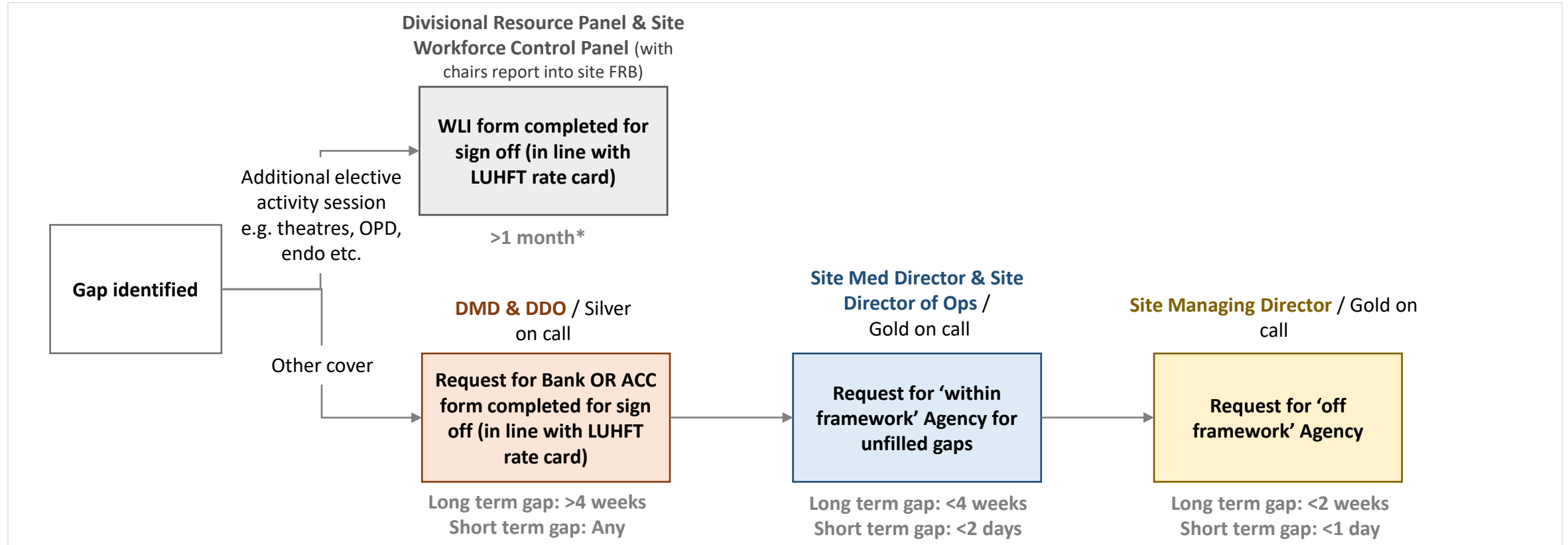


New Medical Workforce Controls – Consultants

- **WLI:** A gap in elective activity, which requires an **additional session** to be added, for example, an additional theatre session / outpatient session / diagnostic session, to **address waiting list challenges**. This may be to ensure patients meet the waiting time standard or to ensure the standard waiting time is maintained based on growing waiting lists.
- **Other cover:** A gap in cover. This may include covering ward rounds or elective sessions **due to vacancy gaps or sickness gaps**.

Overview of Consultant controls:

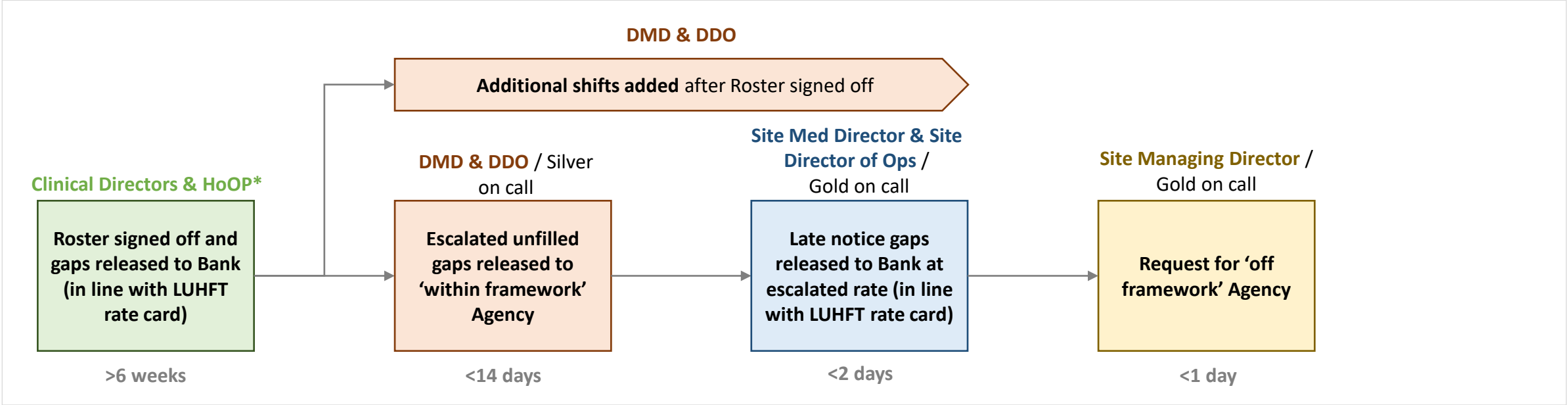


*If less than 1 month notice, signed off by DMD & DDO and Site Med Director & Site Director of Ops outside of the meeting

N.B. Approvals required outside of the stated timeframe need to be signed off by the next level up approver

New Medical Workforce Controls – Junior Doctors

Overview of Junior doctors controls:



*If rosters are cross Care Group a Clinical Director and Head of Operations should be nominated to sign off the roster

N.B. Approvals required outside of the stated timeframe need to be signed off by the next level up approver

Challenge required at each stage of the approval process – Consultants

Control stage	Challenge required	Timeline	In hours final approvers	OOO Approver	Audit Trail	Go Live Date
WLI request	<ul style="list-style-type: none"> Is this a requirement for additional work to achieve or maintain performance waiting times? Is the consultant on track with delivering the sessions in their job plan? Are the planned activity numbers in line with expectations? 	>1 month <1 month	Workforce Control Panel Site Medical Director & Director of Ops	N/A	WLI form	Monday 10 th July
Gap released to Bank or ACC (in line with LUHFT rate card)	<ul style="list-style-type: none"> Is there a patient risk / activity risk if this gap is not filled? If it is a long term gap (e.g. vacancy / long term sick / cover required for additional footprint) what is the plan to cover substantively (where relevant)? If it is a short term / late notice gap (e.g. sickness) is there any other way to cover the gap? E.g. consideration of the whole staffing picture across the site / use of alternative workforce? 	LT: >4 weeks ST: Variable	DMD & DDO	Silver on call	Bank request form (Consultant) / ACC form	Monday 10 th July
Unfilled shifts released to 'within framework' agency	<ul style="list-style-type: none"> Consider whether the shift is unlikely to be filled by Bank Are patient safety / activity levels going to be at risk if the gap isn't filled? If it is a long term gap (e.g. vacancy / long term sick / cover required for additional footprint) what is the plan to cover substantively? If it is a short term / late notice gap (e.g. sickness) is there any other way to cover the gap? E.g. consideration of the whole staffing picture across the site / use of alternative workforce? 	LT: <4 weeks ST: <2 days	Site Medical Director & Dir of Ops	Gold on call	Agency request form (Consultant)	Monday 10 th July
Unfilled shifts released to 'off framework' agency	<ul style="list-style-type: none"> Is there a patient risk if this shift is not immediately filled? If it is a long term gap (e.g. vacancy / long term sick / cover required for additional footprint) what is the plan to cover substantively? If it is a short term / late notice gap (e.g. sickness) is there any other way to cover the gap? E.g. consideration of the whole staffing picture across the site / use of alternative workforce? Is there no other option 'within framework'? 	LT: <2 weeks ST: < 1 day	Site Managing Director	Gold on call	Agency request form (Consultant)	Monday 10 th July

N.B. Approvals required outside of the stated timeframe need to be signed off by the next level up approver

Challenge required at each stage of the approval process – Junior Doctors

Control stage	Challenge required	Timeline	In hours final approvers	OOO Approver	Audit Trail	Go Live Date
Roster sign off and send to Bank	<ul style="list-style-type: none"> Additional scrutiny of the roster to ensure it is optimal Consider if alternative workforce can be used (e.g. ANP, Physicians Associate) for any gaps before approving gaps being sent to Bank 	>6 weeks	CD & HoOp*	N/A	Roster sign off: <ul style="list-style-type: none"> Email confirmation Release to bank: <ul style="list-style-type: none"> Central rosters: Email sign off of gaps to be released to Bank Other rosters: Bank request form (Junior doc) 	Monday 10 th July
Additional Duties added after Roster locked down	<ul style="list-style-type: none"> Ensure only exceptional circumstances to add additional duties with respect to patient safety. If additional duty requests are a regular occurrence does the roster need to be adjusted? 	Various	DMD & DDO	N/A	Bank request form (Junior doc)	Monday 10 th July
Unfilled shifts released to 'within framework' agency	<ul style="list-style-type: none"> Consider whether the shift is unlikely to be filled by Bank Consider if alternative workforce can be used instead (e.g. ANP, Physicians Associate)? Is the ward / roster area going to be at risk if the shift isn't filled? 	<14 days	DMD & DDO	Silver on call	Agency request form (Junior doc)	Monday 10 th July
Late notice gaps released to Bank at escalated rate (in line with LUHFT rate card)	<ul style="list-style-type: none"> Is there a patient risk if this shift is not immediately filled? Consideration of the whole staffing picture across the site Consider if alternative workforce can be used (e.g. ANP, Physicians Associate) Is an escalated rate necessary and will it have an impact on future ability to fill within the standard rates? 	<2 days	Site Medical Director & Director of Ops	Gold on call	Bank request form (Junior doc)	Monday 10 th July
Unfilled shifts released to 'off framework' agency	<ul style="list-style-type: none"> Is there a patient risk if this shift is not immediately filled? Consideration of the whole staffing picture across the site Consider if alternative workforce can be used (e.g. ANP, Physicians Associate) Confirm there are no other options 'within framework'? 	<1 days	Site Managing Director	Gold on call	Agency request form (Junior doc)	Monday 10 th July

*If rosters are cross Care Group a Clinical Director and Head of Operations should be nominated to sign off the roster

N.B. Approvals required outside of the stated timeframe need to be signed off by the next level up approver