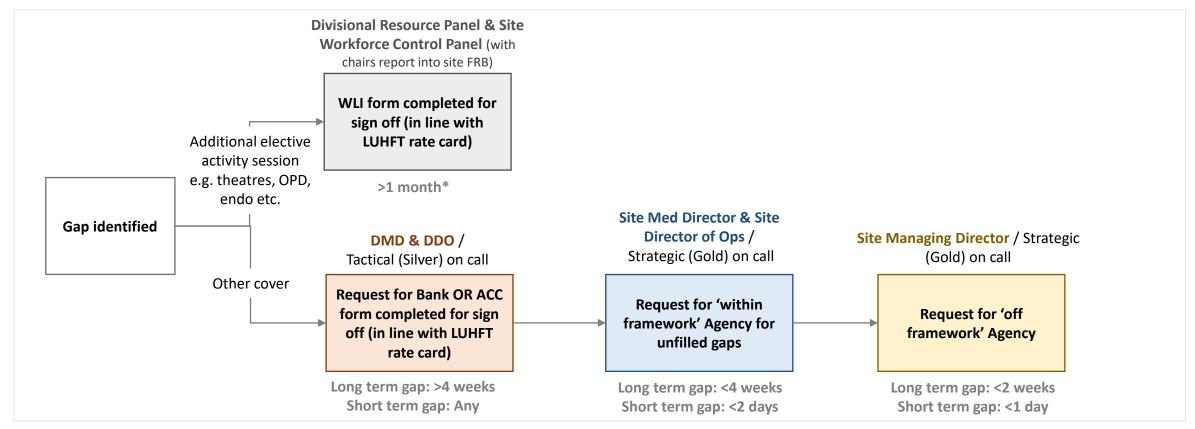
Proposed Medical Workforce Controls – Consultants

Overview of Consultant controls:

- 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.

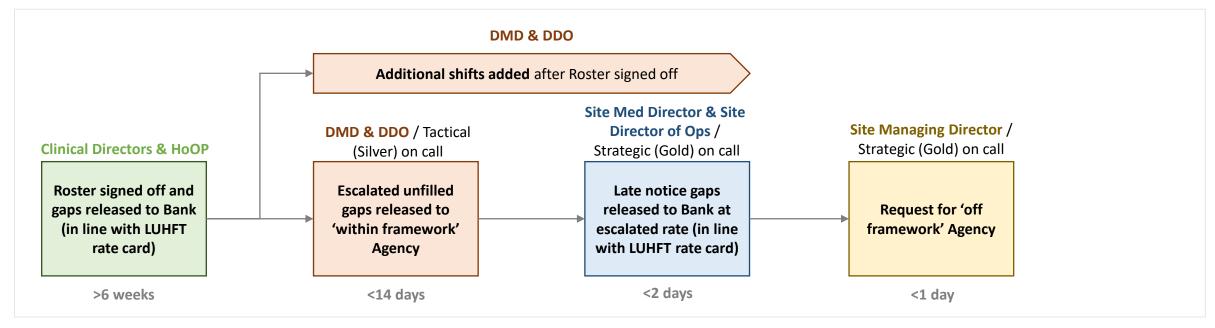


^{*}If less than 1 month notice, signed off by DMD & DDO and Site Med Director & Site Director of Ops outside of the meeting

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

Proposed Medical Workforce Controls – Junior Docs

Overview of Junior doctors controls:



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

Key actions out of hours

- ✓ Duty Managers are required to review and complete escalation forms about the current staffing position across the site before escalating Tactical (Silver) / Strategic (Gold) on call.
- ✓ Tactical (Silver) / Strategic (Gold) on call are required to consider a holistic view of the site staffing when approving. The approved escalation forms / emails should be submitted to the Temporary Staffing Team.
- ✓ Out of hours approval should be **limited to on the day requirements** that have arisen during the out of hours time period. Approvals are for the period until the issue can be resolved in hours (e.g. next weekday morning; Tuesday morning after a Bank Holiday).

Challenge required at each stage of the approval process – Consultants

Control	Challenge required out of hours	OOO Reviewer	OOO Approver	In hours activity	In hours Timeline	Audit Trail	Go Live Date
Gap released to Bank or ACC (in line with LUHFT rate card)	 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? 	Duty Manager	Tactical (Silver) on call	 Request forms / ACC forms will be reviewed from the point the gap is identified Long term gaps are identified more than 4 weeks in advance where possible DMD and DDO approval in hours 	Variable	Bank request form (Consultant) / ACC form	Monday 10 th July
Unfilled shifts released to 'within framework' agency	 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? 	Duty Manager	Strategic (Gold) on call	 Request forms for Long term gaps will be reviewed up to 4 weeks ahead Request forms for Short term gaps will be reviewed up to 2 days ahead Site Medical Director and Director of Ops approval in hours 	<2 days	Agency request form (Consultant)	Monday 10 th July
Unfilled shifts released to 'off framework' agency	 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'? 	Duty Manager	Strategic (Gold) on call	 Request form reviewed up to 1 day ahead Managing Director approval in hours 	<1 day	Agency request form (Consultant)	Monday 10 th July

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

Control	Challenge required out of hours	OOO Reviewer	OOO Approver	In hours activity	In hours Timeline	Audit Trail	Go Live Date
Unfilled shifts released to 'within framework' agency	 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? 	Duty Manager	Tactical (Silver) on call	 Shifts are released to Bank from the point of Roster sign off Request forms will be reviewed up to 14 days ahead DMD and DDO approval in hours 	<14 days	Agency request form (Junior doc)	Monday 10 th July
Late notice gaps released to Bank at escalated rate (in line with LUHFT rate card)	 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? 	Duty Manager	Strategic (Gold) on call	 Request forms will be reviewed up to 2 days ahead Site Medical Director and Director of Ops approval in hours 	<2 days	Bank request form (Junior doc)	Monday 10 th July
Unfilled shifts released to 'off framework' agency	 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'? 	Duty Manager	Strategic (Gold) on call	 Request form reviewed up to 1 day ahead Managing Director approval in hours 	<1 day	Agency request form (Junior doc)	Monday 10 th July