Tees, Esk and Wear Valleys
NHS Foundation Trust

Rostering, Facilities and Fatigue Supporting Policy

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1 Introduction

This policy follows on from a collective agreement between NHS Employers and the British Medical Association (BMA) to work collaboratively in order to develop principles of good rostering in support of organisations and doctors. It also sets out a commitment to providing an appropriate working environment, for junior doctors in the Trust; ensuring facilities provided are fit for purpose alongside outlining collaborative measures to tackle fatigue.

Good rostering practice can be utilised in order to develop intelligent rotas capable of delivering an effective training environment that supports the provision of services, alongside enabling flexibility for doctors to achieve an appropriate work life balance. This is something which can have a significant impact on the overall quality of life of doctors and is vital when ensuring doctors with protected characteristics are afforded their rights under equalities legislation.

Technological solutions to improve both rostering and managing live rotas should be used wherever possible, particularly to support safe shift swapping where needed. All rotas for medical staff are currently created via the Doctors Rostering System (DRS4). Generic work schedules are produced no later than 8 weeks in advance of date of commencement for a placement, 6 weeks in advance of the date of commencement for distribution of the live duty roster.

2 Why we need this policy

2.1 Purpose

Rostering is an essential function as it ensures that organisational resources are appropriately allocated and that patients are cared for by staff that have been effectively and equitably deployed. A roster is the means by which the hypothetical rules and requirements of a contract are used in practice and if done intelligently can make a significant difference to not only a doctors quality of life, but also the quality of clinical services.

This policy is intended to provide a clear process for managing live rosters; in particular ensuring flexibility is possible for those booking periods of leave, and responding to changes in service provision particularly with a need to accommodate sickness. Similarly all rotas should comply with legal requirements outlined in the Junior Doctor Contract (Terms and Conditions) as a minimum and provide a realistic, safe assessment of service need; minimising irregularity amongst working patterns and breaches resulting in financial penalty.

Well-designed rotas avoid excessive variability of shifts which can increase fatigue. Similarly they aim to balanced rota cycles, with even distribution of different shifts and flexible access to annual leave so that all doctors on the rota have an even share and input into their working practice as opposed to shifts being allocated on a first come, first served basis.

3 Scope

3.1 Who this policy applies to

The principles of good rostering outlined in this document are primarily aimed at doctors in training however may be relevant to senior medical staff and other staff groups, facing effective rostering challenges.

3.2 Roles and responsibilities

Role	Responsibility
Medical Director	Provide Executive Director support to both the Director Medical Education and the Guardian of Safe Working Hours in order to ensure that the educational, pastoral and career planning needs of junior doctors are met, training programmes are reviewed and improved where necessary and that all medical rotas in use in the organisation comply with the national terms and conditions of service and associated safeguards.
Director of Medical Education	Maintain oversight of all educational related issues within a doctors work schedules. Receiving copies of each exception report that has issues relating to training and the outcome that has been agreed between the doctor and the educational/clinical supervisor in order to identify where further improvements to a doctors training experience may be required.
Guardian of Safe Working Hours	Ensure that issues of compliance with safe working hours are addressed by the doctor and the Trust as appropriate, providing assurance to the Executive Management Team that doctors are working safe hours and are rostered safely in order to fully comply with national terms and conditions of service. As the champion of safe working hours for doctors in approved training programs, the guardian will receive copies of all exception reports relating to safe working hours in order to monitor compliance, escalating issues to the relevant executive lead where resolution cannot be sought at a departmental level. In instances where issues in working patterns are identified, the guardian will require work schedule reviews to be undertaken where persistent breaches have not been addressed and similarly distribute monies received as a result of financial penalties to improve the training and service experience of doctors in the organisation. Should issues or concerns relating to safe working be raised with the Guardian, the Guardian will take every possible step to ensure that the doctor is treated fairly and without prejudice.
Champion of Flexible Working	Acting as a senior strategic point of contact in the organisation, the Champion will advocate on behalf of Less Than Full Time (LTFT) trainees in order to promote and improve existing support for this group of doctors and other models of flexible training.

	The champion will support in the training and development of educational/ clinical supervisors regarding LTFT issues. In linking in with LNC, senior management, junior doctors forum the role will aim to improve the organisations overall approach to flexible training, supporting trainees in sharing ideas for improvement and ensuring opportunities to train LTFT are applied in a fair and consistent manner.
Educational/ Clinical Supervisors	Shall agree personalised work schedules with doctors at the start of their placements within the organisation. During the personalised work schedule meeting, educational/clinical supervisors will be responsible for determining whether or not reasonable adjustments are required and if so engaging with Medical Development for further action where appropriate. Supervisors have an ongoing responsibility to provide information and support for moving between different stages of education and training where applicable and to suggest interventions such as LTFT that may benefit individuals, sign posting to points of expertise e.g. the Champion of Flexible Working where required.
Medical Development	Maintain responsibility for the production of the majority of rotas for medical staff in use within the organisation ensuring compliance of each rota with all relevant professional guidance and national terms and conditions, alongside undertaking the ongoing management of the live roster, accommodating changes due to instances of leave (predictable and unpredictable), service changes and the need to source on-call or locum cover. Work schedules will also be reviewed by the educational/clinical supervisor and the doctor when necessary; a work schedule review can be requested by the doctor, the Guardian of Safe Working or the clinical/educational supervisor themselves. Issues relating to a doctors training needs will be resolved by the supervisor and may be escalated to the Director of Medical Education as appropriate. Any issues relating to safe working will be escalated to the Guardian of Safe Working.
Junior Doctors	Will endeavour to ensure that, all rotas worked are compliant by participating fully in the exception reporting process, as instructed by Medical Development and the Guardian of Safe Working. The doctor will submit an exception report as soon as is possible and within 14 days of an exception occurring (7 days when making a claim for payment). Similarly doctors will ensure that any requests for annual leave, study leave are submitted in the timescales for submitting requests outlined in this document. The doctor will endeavour to ensure that any issues or concerns relating to the design or production of rotas are communicated to trainee representatives, Guardian of Safe Working and the Director of Medical Education as appropriate.
Junior Doctor Forum	A Junior Doctor Forum has been established with the purpose of informing both the Guardian of Safe Working and the Director of Medical Education of any issues related to safe working or educational experience of junior doctors and provide advice and scrutiny to the distribution of fines where applicable. The forum will discuss issues concerning the local delivery of safe working and the operational impact of the exception reporting processes within the organisation.

	The group consists of trainee representatives from each locality, elected by colleagues. LTFT trainees also have a place in the forum to ensure that they are specifically represented and any issues are equally considered. The group should also include an LNC Chair or two trainee LNC representatives, Director of Medical Education, Medical Development and the Guardian of Safe Working Hours. The group will also advise on matters relating to the implementation of national guidance in relation to any changes to the Junior Doctor contract.
Junior Doctor Health & Wellbeing Group	The Junior Doctor Health & Wellbeing Group has been established with the purpose of working to enhance the quality of Junior Doctors working lives within the organisation and ensure the continued delivery of a best practice working environment. The group will act as ambassadors for promoting and maintaining the Health and Wellbeing of Junior Doctors, ensuring individuals feel supported and valued in their work and in raising concerns, championing excellence and increasing morale, engagement and retention. It will consider issues relating to effective Rostering, Facilities and Fatigue. The group will support the Guardian of Safe Working in determining the distribution of funds in response to fines levied, identifying unsafe or inadequate areas alongside monitoring the impact of missed rest breaks and recommending action to the Junior Doctor Forum.

4 Policy

4.1 Aims and Outcomes of Good Rostering

The link between staff engagement and quality outcomes is well understood and evidenced among high performing organisations. As such, good rostering practices will encourage all staff to be involved in ensuring they are effectively and equitably deployed.

To facilitate this, the Trust will provide training, and have processes in place, to enable wider engagement and ownership of good rostering across the organisation. This allows doctors the opportunity to be involved in designing and maintaining their own rotas, with appropriate support from Medical Development.

4.2 Key Aims

- Ensure that shift patterns are developed locally through open and transparent consultation with all staff to ensure the best possible use of resources in meeting service and training requirements.
- Ensure that staff are empowered to take ownership of their working patterns to facilitate (where possible) the best work-life balance and quality of service.

- Encourage working patterns to be rostered below the contractual limits with sufficient capacity to accommodate additional hours where required without the risk of a breach occurring, and to provide greater flexibility (i.e. shift swaps) for staff to balance work and personal commitments.
- Ensure sufficient time is available for activities such as teaching and assessment, e-learning, quality improvement, and reflective practice and those doctors are able to access their annual leave.
- Encourage standardisation of rostering processes for fairness and consistency across services and departments within organisations.
- Enable greater utilisation of technology and e-rostering solutions (where the new technology can demonstrate an improvement on current practices), as recommended by Enhancing Junior Doctors' Working Lives and the May 2016 ACAS agreement.
- Contribute towards the national coordination of rostering best practice through partnership working and communication of service innovations for the benefit of all organisations.

4.3 Key Aims

- Ensure that there is safe and appropriate staffing for departments as a result of fair and consistent rostering processes.
- Improve oversight and monitoring to align staffing levels with service needs, training opportunities, and the budgets in each department.
- Ensure better management and oversight of educational opportunities in order to allow doctors to meet the outcomes required for progression at the Annual Review of Competence Progression (ARCP).
- Ensure that all staff is able to complete all aspects of their role within working hours.
- Improve the planning and management of leave.
- Increase opportunities for doctors to be involved in rostering design, development and management of their rosters on both an individual and trainee representative level.
- Provide better management and oversight of resources to increase effectiveness in workforce planning, with the aim of reducing reliance on temporary staffing arrangements.
- Enable doctors the autonomy to self-roster, identifying working patterns that best fit an individual's level of knowledge and skill in addition to preferred working pattern accommodating commitments outside of immediate Trust roles.

Where processes highlight workloads exceeding capacity, it will require an organisational response to manage demand or increase in workforce numbers through recruitment mechanisms. Ultimately, it is the responsibility of the Trust to provide a safe and sustainable working environment to medical staff therefore oversight must be maintained and service need continually assessed wherever possible.

5 Rota Design and Ongoing Maintenance

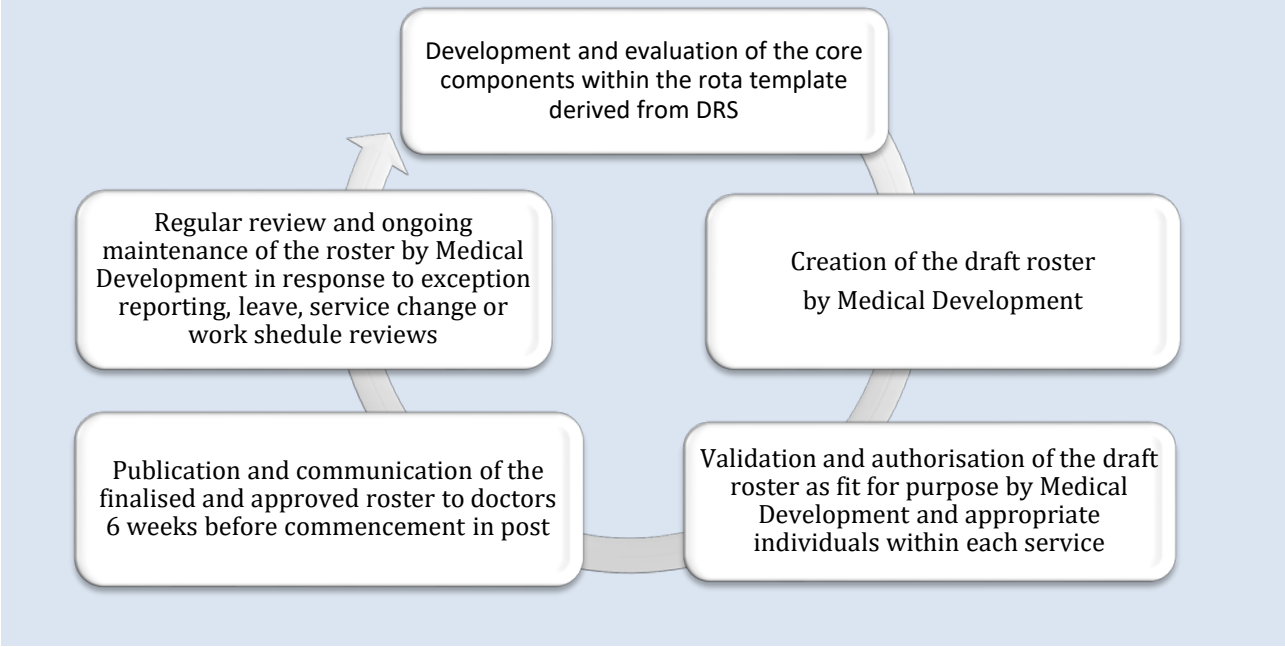
Rota design will be a collaborative, clear and transparent process, providing equal opportunity for both organisations and doctors both to input into the process, demonstrating a shared commitment to agreeing effective final rota design.

All rotas should be compliant with the necessary safeguards. However a rota can be compliant and still be badly designed. Being compliant with safeguards included in the Terms and Conditions is the

minimum that is required and workload intensity must also be taken into account when considering whether a working pattern is safe.

A well designed rota avoids excessive variability of shifts which can increase fatigue. It should have a balanced rota cycle, with different types of shifts evenly distributed amongst doctors, allowing for flexible access to leave so that all those on the rota have an even share.

The process for designing and approving rosters incorporates a number of stages as depicted below When designing rotas all managers will need to ensure that all doctors can take their full leave allowances (study, annual etc.) with sufficient capacity remaining in order to be prepared for unexpected absences. Rotas should reflect a realistic and safe assessment of service need, with actual work done when on-call, shift handover, and administrative time included accurately.



The process of rota design should start as early as possible. Once a rota has been established the rostering process will transform a generic rota template into a live document that details the effective deployment of staff within teams and departments on a day to day basis.

Training is work for junior doctors, and rotas should be structured around training needs as well as service needs to ensure that there is sufficient time for training and access to study leave. Shifts should be rostered according to genuine service and training needs, not in a way that is designed to reduce the payment of enhancements for night or weekend work.

It can be particularly challenging to design rotas effectively for less than full time (LTFT) trainees. These should be designed taking into account the specific needs of these trainee(s) instead of being planned with a full-time worker as the automatic default.

Non-resident on-call (NROC) rotas can be particularly challenging to design, the roster should accurately reflect the work that will be done to allow for both fair pay and sufficient rest and breaks. Where appropriate, consideration should be given to whether a rota needs to be designed to be standalone or whether it could be combined with another to create a greater pool of resource and allow greater flexibility in the deployment of clinical staff.

6 Management of a live roster

Once a rota is designed and finalised it should not be forgotten about, but regularly checked and updated where necessary, taking into account unforeseen issues that may arise when it is used in practice, with a clear process for implementing changes including notice periods.

The existence of rota gaps should be acknowledged and steps taken to find a resolution, adhering to rota-specific minimum safe staffing levels and any other constraints, such as the required flexibility to accommodate leave across the roster.

It is important to ensure training time is protected for all trainees, including LTFT trainees, and not compromised by reduced working hours. Flexibility is also especially important for a number of trainees, for example those who have caring responsibilities or health needs. Where a doctor has specific working requirements for health reasons, recommendations made by occupational health must be factored into the design of the roster.

It is important to check regularly whether NROC is still the most suitable working pattern, or if changes in the nature of the workload merit a switch to using full shifts, and that the expected hours of actual work reflect the reality.

Rotas should facilitate the commitment in the 2016 contract to compensation such as pay or time off in lieu (TOIL), for any additional work junior doctors are required to do outside of their agreed work schedule. Rotas will be amended accordingly where exception reporting leads to a work schedule review.

7 Changes to the live roster

Rosters should be provided that reflect the timescales set out in the code of practice. Effort should be taken to ensure there are a minimal amount of changes to the roster once provided to doctors. Changes to a live roster must be discussed with all affected staff members. Input from the Guardian of Safe Working or Director of Medical Education should be sought in situations where there is disagreement over changes to a live roster.

7.1 Individual changes

Medical Development will ensure rosters are continuously updated to provide the most accurate and up-to-date picture of the staffing arrangement. Therefore, rosters should be updated continually to reflect any changes such as approved leave, shift swaps, sickness, end and start time changes, and gaps that may require cover by temporary staffing.

Doctors should aim to provide as much notice as possible to the roster manager when arranging swaps and the roster manager should be flexible, where possible, in regard to shift swaps.

Doctors and roster managers must ensure that shift swaps are between two doctors of commensurate grade. The roster manager must ensure that a doctor's requested swap does not result in them breaching any of the contractual hours or safety limits. Rosters that do not provide enough flexibility for swaps without breaches of safety limits should be reviewed to ensure adequate numbers of doctors present on the rota.

When changes need to be made to a live roster, which will have an impact on other doctors on the roster, the optimal approach will be to openly consult those doctors to see if anyone will volunteer themselves for their personal roster to be amended. If changes are made, every effort should be taken to avoid affecting any previously arranged leave or training.

A doctor will be prepared to perform duties in occasional emergencies and unforeseen circumstances, if they are able and safe to do so, such as short-term sickness cover, where less than 48 hours' notice has been received, and for less than 48 hours' duration of cover. Medical development will contact junior doctors and request support in covering unforeseen gaps of this nature ensuring that an alternative measure is being considered and in place for cover longer than the permitted time. There is no requirement to payback shifts missed due to sick leave.

7.2 Wholesale changes

There should be a minimum of six weeks' notice, in accordance with the code of practice, for any implementation of a new roster or changes affecting existing doctors on the rota.

When wholesale changes are required to a roster, doctors' training requirements and individual circumstances should be given due consideration in the design of the new roster. All training requirements should be incorporated and prioritised when designing the new roster, to ensure doctors are given the opportunity to progress at the Annual Review of Competence Progression (ARCP).

Doctors should be encouraged to activate the work schedule review process if there are any concerns with a new roster, as per Schedule 5 of the 2016 Terms and Conditions of Service (TCS).

7.3 Managing requests for leave

Once placements within the organisation have been confirmed (usually 8- 12 weeks prior to commencement in post), doctors are obligated to notify Medical Development of any preferred dates of annual leave before of the publication and circulation of the finalised roster.

Following commencement in post, ongoing arrangements for requesting leave are as follows. Doctors are required to complete a request for annual form that must be signed off and approved by the relevant Consultant. Leave request forms should be submitted to Medical Development ideally within 2 weeks of the identified leave date, who will update a doctor's record of entitlement.

In the event that a doctor under or over exceeds their annual leave entitlement Medical Development will inform the doctor and the service in order to agree any arrangements for compensation or required adjustment to the entitlement between rotations.

Any carry over of leave between rotations will require the agreement of both supervising Consultants.

In the event that annual leave falls when a doctor has been rostered to undertake on call work, the doctor is responsible for finding cover for the identified shifts. Either a swap form or a confirmation email detailing the swap arrangements for on call cover, must be sent to Medical Development who will confirm if the swap is appropriate considering the relevant safeguards.

For doctors that intend to commence a period of maternity, paternity or parental etc. leave in one rotation and utilise annual leave afterwards that crosses into the commencement of another the following will apply. In the event that the maternity leave and the annual leave requests are both made at the same time, the Educational/Clinical supervisor responsible for the doctor's current rotation should authorise the request for leave however good practice requires this to be done in discussion with the next supervisor in the new rotation, if known, because of likely impact on service provision.

In the event that the period of leave had already commenced by the point that annual leave was requested, this should be approved by the supervisor responsible for the new rotation again factoring in the impact that any delay in start will have on service provision.

Study leave request forms must be completed by doctors in conjunction with the relevant educational/clinical supervisor and submitted to Medical Development and can include periods of study linked to a specific course or programme. Job interviews should be considered professional leave, with time off accommodated appropriately and should not require annual or study leave for these interviews to take place. Rota coordinators should be given as much notice as possible to plan effectively.

Requests for special leave and compassionate leave should be considered fairly at the employer's discretion in conjunction with wider Trust policy. Emphasis will be placed on responding positively to requests wherever realistically possible considering impact on the service and arrangements for cross cover. This aims to improve morale and maintain relationships between the individual and the organisation.

Job interviews should be considered professional leave, with time off accommodated appropriately and should not require annual leave or study leave in order to occur. Rota coordinators should be given as much notice of an interview as possible in order to plan the roster effectively. Whilst it remains the doctors responsibility to arrange a swap for any on call work during an interview period, medical development should be notified as soon as possible as may be able to assist in identifying alternative arrangements.

8 Personal Work Schedules

A generic work schedule will be prepared for doctors and issued prior to commencement of a placement within the organisation alongside the published roster.

The purpose of a personalised work schedule is to build on the training objectives set out in the generic document to include personal training and service delivery objectives. Personalised training objectives will build on the intended learning outcomes set out in a generic work schedule which have been mapped to the educational curriculum; therefore personalised objectives should be consistent with the education and training contract held with the Deanery.

The doctor and Educational/Clinical Supervisor are jointly responsible for personalising a work schedule, according to the doctors learning needs in the post. A meeting should be arranged between the doctor and the supervisor at the beginning of a placement and will incorporate an educational review along with steps taken to personalise the schedule. Examples of the type of activities that may be included in the work schedule include but are not limited to;

Clinical skills

- Communication skills module at weekly teaching sessions (6-8 sessions per rotation).
- IACS (Integrated Assessment of Clinical Skills) which is a formal assessment of clinical skills for all trainees within the Trust
- WBPAs- CBDs, ACE, Mini ACE, SAPE, DONCs sample WBPA opportunities include obtaining a comprehensive Psychiatric history, Undertaking a Mental state examination, eliciting core psychopathology, cognitive examination, physical examination, consent process for care and treatment, capacity assessments, diagnosis of mental disorders, treatments for mental disorders, explaining treatment options, shared decision making, engaging with patients in distress or agitation, principles of psychological therapy, formulation, risk assessment and risk management, documentation of assessment and communication, tribunal reports, and attendance at Tribunals.
- CASC preparation support- in house mock CASC exam every 6 months.
- Emergency psychiatry experience -opportunities to undertake assessments with Crisis and Liaison Services.
- On call as per Rota- Emergency inpatient psychiatric experience. Sample emergency experience log: Managing violence and Aggression, Managing acute distress and agitation, Managing a cute adverse side effects of psychotropic medications (acute dystonia, Lithium toxicity, NMS, Serotonin syndrome), use of MHA, use of de-escalation and use of Rapid tranquilisation, use of seclusion for management of violence and aggression and the standards of seclusion medical reviews
- Clinical management of Anxiety, Depression, Mania, Hypomania, Obsessions & Compulsions, Psychosis – use of Pharmacological treatments and Psychological treatments for management of mental disorders.

Knowledge skills

- Regional MRCPsych teaching for core trainees, weekly Foundation teaching for FY trainees, weekly GP teaching for GT Trainees, and weekly locality post graduate teaching for all trainees and career grade doctors.
- Grand Round- Trust wide (every 6 months).

- Medical Educational Conference (annual).
- Obligatory courses- CBT and leadership and management training for Core Trainees, Simulation in physical health skills training, Critical appraisal skills work shop (annual).

Teaching experience

- Locality PG teaching- Case presentation Journal Club presentation, Participation in Grand round alongside participating in the teaching of Medical, Physician Associate and Nursing students.

Leadership and management experience

- Trainee Representative Opportunities.
- Participation in Rota design consultations.
- Junior doctor contract development meetings
- Psychiatric Speciality Training Committee meetings (PSTC)
- Organising/contributing to annual conference
- Chairing formulation meetings and MDT meetings on the ward,
- Opportunities for leadership roles in QI project implementation
- Representing TEWV in regional/national recruitment initiatives

Presentation and Publications

- Locality Audit presentations, presentation of Posters at Conference (support from supervision and Medical Development).
- Trust wide Audit presentation at Senior Medical Staff Committee Meetings.
- Presentation Faculty development days
- Presentation at annual Medical Education conferences.

Audit and Research

- Trainees are required to complete 1 Audit per year in core training, and present this at Locality PG teaching sessions. The trust Audit department can support in Audit selection. We advise that Trainees discuss Audit with their supervisors early in the placement and contact the Audit department, to allow for time to complete the Audit.
- Research skills to include introduction to research methodology & literature search in locality teaching sessions
- Delivering poster presentations at annual college/faculty events.

Team working

- Formulations, MDT meetings, Daily Report out, attending team huddles, attending case conferences, contribution at team away days.

QIS

- Introduction to lean methods in practice such as Huddles, Supercells, PPS, PIPA process and daily report out, access to QI events as trainee representatives (advice to aim for one such event in the training years.

Clinical Governance

- Awareness of and compliance with requirements under National and Trust guidelines
- Adverse event reporting and follow up

- Opportunities to attend QUAG with Consultants from the relevant locality.

Reflective learning

- Learning from incidents, Datix reporting, SUI investigations, learning from complaints

In additional to the educational components the educational/clinical supervisor may look to amend areas of the work schedule in order to accommodate reasonable adjustments for the doctor and also increase opportunities for flexible working (e.g. working from home, earlier start/ finish times).

The educational/ clinical supervisor will make every effort to agree with the doctor appropriate changes to the work schedule when needed, implementing these in a reasonable timeframe and taking into account the length of time remaining on the placement. If it is not possible to reach an agreement then a Work Schedule Review may be triggered.

Once completed and agreed the personalised work schedule should be returned to Medical Development. The work schedule and associated educational commitments can be shared by the individual doctor with the department in which they are based in order to develop the understanding of the working pattern of the doctor within the clinical team.

9 Exception Reporting and Work Schedule Reviews

The purpose of exception reports is to ensure prompt resolution and remedial action of issues concerning the working pattern in order to ensure that safe working hours are maintained. This may or may not result in a change to a work schedule.

Exception reports should be submitted electronically via DRS as soon as is possible after the exception takes place and in any event within 14 days (7 if making a claim for additional pay) with a response from Medical Development to be expected within 7 days of receipt. Where there are concerns regarding safety a report should be submitted within 24 hours for immediate concerns and within 48 hours for persistent/ single significant concerns.

Exception reports should include;

- The name, locality and grade of the doctor involved
- The identity of the doctors supervisor
- The dates, times, durations of exceptions
- The nature of the variance from the work schedule and an outline of any steps taken by the doctor to resolve before escalating.

The doctor should copy the exception report to either the Director of Medical Education (in relation to training issues) or the Guardian of Safe Working (in relation to safe working practices), or both where the report relates to a joint safety and a training issue. Both parties will review the outcome to determine if any further amendments are required in order to improve the training experience or working hours of the doctor and ensure working remains compliant with the Terms and Conditions.

Upon receipt of an exception report the educational/ clinical supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The supervisor will set out the

agreed outcome of the exception report in writing to the doctor copying the response to either the DME or Guardian of Safe Working as relevant.

10 Payment for hours approved

Whether payment or time off in lieu is given to the doctor will be determined by Medical Development. A doctor cannot choose which they would prefer as the method of compensation is dependent upon the safety of the doctor. Payment must be made for approved exception reports within a month or within the next available payroll once agreement has been obtained.

10.1 Rate of pay for hours approved

The doctor will be paid in line with their annual salary nodal point unless a local agreement has been made otherwise.

10.2 Time off in lieu (TOIL)

In instances where TOIL is approved both the doctor and Medical Development should support in identifying a suitable time for the leave to be taken as soon as possible, within 4 weeks of the outcome of the exception report to optimise staff and patient safety. TOIL should be allocated based on the doctors need for rest and to ensure safety, therefore the intention of why it was given should be considered when identifying time (e.g. due to working in excess of hours anticipated in the work schedule).

In the instances where this does not occur, the TOIL should automatically be converted to pay after that 4-week period. At the end of a placement, any untaken TOIL will be converted into pay.

With regard to bank holidays, if a doctor is scheduled to work any time on a bank holiday, or have a rest day on a bank holiday, or if they are scheduled to work a night shift running into a bank holiday, the doctor should receive a day off in lieu. If the doctor is scheduled to work a night shift running into a bank holiday and a night shift on the bank holiday as well the doctor should only receive one day in lieu, as they have only missed one bank holiday.

10.3 Instances where a financial penalty may be incurred

The Guardian of Safe Working will review all exception reports copied to them by doctors to identify whether a breach has occurred which incurs a financial penalty as outlined in the Terms & Conditions. This also incorporates revisions made under the 2019 amendments.

Where a concern is raised that breaks have been missed on at least 25% of occasions across a 4 week reference period and the concerns are validated as correct, the guardian will levy a fine at the rate of twice the relevant hourly rate for the time in which the break was not taken. A minimum of 25% of occasions across a 4 week reference period will in most instances trigger a Work Schedule Review as outlined earlier. Missed breaks and other safety critical breaches should be a standard item on all Junior Doctor Forum agendas.

10.4 Disbursement of fines

Money raised through fines must be used to benefit education, training and working environment of junior doctors. The Guardian of Safe Working should devise the allocation of funds in collaboration with the organisation and the Junior Doctor's Forum.

These funds must not be used to supplement the facilities, study leave, IT provision and other resources that are defined by Health Education England as fundamental requirements for doctors in training that the organisation is expected to provide as a standard.

The Guardians own annual report to the Executive Management Team will outline how, where relevant, money from any levied fines has been spent alongside providing detail on the number of exception reports received per locality and the noted reasons for these, in order to identify trends.

11 Locum Work

Where a doctor intends to undertake hours of paid work as a locum, additional to the hours set out in the work schedule, the doctor must initially offer such hours of work exclusively to the service of the NHS via a NHS staff bank. The requirement to offer such a service is limited to work equivalent to the grade and competencies of the doctor.

The doctor will be expected to inform the organisation of their intention to undertake additional hours of locum work on the bank via Medical Development, either at the point of induction or any stage after this point where the opportunity arises. A doctor can carry out additional activity over and above the standard commitment set out in the work schedule up to a maximum average of 48 hours per week or 56 hours if the doctor has opted out of the Working Time Regulations.

If a shift has been worked and is paid through the Medical Bank, an exception report for additional hours should not be completed by the doctor.

12 Work Schedule Review

The purpose of a Work Schedule Review is to ensure that a schedule remains fit for purpose in circumstances where earlier discussions have failed to resolve concerns. Where either a doctor, supervisor, manager or the Guardian of Safe Working has requested a work schedule review the educational/clinical supervisor will meet with the doctor, as soon as is practicable and ideally no later than seven working days after receipt of request to review.

Discussions will lead to an outcome which will either result in no change to the schedule, prospective changes, compensation/ time off in lieu or broader organisational change. It is acknowledged that in instances where organisational change may take time to be enacted alternative arrangements and appropriate amendments to pay may be required.

The outcome of the conversation must be communicated in writing to the trainee. If the trainee is unhappy with the outcome they may request a level 2 work schedule review within 14 days of notification of the decision.

A level 2 work schedule review should take place no more than 21 days after receipt of the written request and will require a meeting between the educational/ clinical supervisor, doctor, service representative and a nominee of either the Director of Medical Education (where the request for review relates to a training concern) or the Guardian of Safe Working (where the request for review relates to safe working conditions).

The outcome of the review will either uphold the outcome of the level 1 discussion or initiate changes in the same manner of the above. The outcome must be communicated in writing to the trainee. If the trainee is unhappy with the outcome, the process outlined in Schedule 5 of the Junior Doctor Contract (Terms and Conditions) will apply. The doctor may request a final stage work review within 14 days of notification of the initial decision.

The final stage work schedule review is a formal hearing under the final stage of the Trusts Grievance Policy with the proviso that the Director of Medical Education or nominated other must be present as part of any panel that is formed. In this instance the decision of the panel will be final and all outcomes must be communicated in writing to the doctor and copied to the Guardian of Safe Working.

If at any stage of the work schedule review process, the doctor or the reviewer identifies an issue or concern that may affect more than one doctor on a particular rota, it may be appropriate to review other schedules on the same rota. Any changes deemed necessary should be made in the same manner as those in response to an individual review, ensuring appropriate involvement of and discussion with all doctors affected.

13 Managing the Non Resident On Call Rota

To ensure the hours of work set out in the schedule are correct, on call working patterns require a prospective estimate of average work carried out while on call is required. The Exception Reporting and Work Schedule Reporting processes will then need to be followed in order to address any variations from this estimate that may need to occur.

Given the nature of NROC work the average hours spent are likely to fluctuate to some extent with hours of work differing from the average hours estimated, depending on the frequency of work across multiple nights.

Busier nights which fall into the expected range and pattern do not necessarily require an exception report nor would they necessarily trigger additional time off or extra payment. However if the doctor perceives that the on call activity does vary significantly or regularly then an exception report should be completed.

There is a need to assess the usual timing of work episodes. This is to ensure that work is paid at the correct rate and that mandatory rest can be achieved. Exception reporting for an on call period would be achieved when;

- The doctors hours worked create an immediate safety risk, e.g. the doctor has worked a throughout much of the night.
- The actual hours worked create the risk of a breach of the contractual safety rules, e.g. the limit of 72 hours worked in a seven day period.
- The actual hours do not create an immediate risk but vary significantly in order and regularly from the agreed work schedule
- A trainee stays later than expected during the predictable shift work element of a period of on call duty (twilight handover period).
- A trainee does more than the expected average hours during the unpredictable element of a period of on call duty.

NROC monitoring will be undertaken using a rota cycle of 8 weeks duration. Each 8 week cycle will begin on the first Wednesday of a given month and end on the last date prior to this point (i.e. the Tuesday before)

Doctors should aim to complete and submit an On Call form within 7 days of the end of an 8 week period. Forms should be submitted to Medical Development via the designated Medical Staffing Advisor for each locality.

Once received the On Call form will be reviewed by Medical Staffing Advisors and the doctor will be advised of the outcome within 7 days. In instances where the form confirms that an exception report is required the doctor will be asked to complete the exception report (including the details of the claim being made) also within 7 days.

In instances where additional payment is required this will be processed by Medical Staffing Advisors and the doctor in the majority of instances can expect to receive payment within the same months' salary or nearest available payroll.

In instances where a review indicates that NROC work is under the levels expected in the work schedule, an exception report is not required however a work schedule review may be undertaken. In the event that changes to the work schedule are required and result in a decrease in pay, the doctors total pay will be protected and remain unchanged until the end of the placement covered by the work schedule.

In instances where a doctor may disagree with the outcome of the review undertaken by the designated Medical Staffing Advisor then the process for reviewing Exception Reports under Schedule 5 of the Junior Doctor Terms and Conditions will apply.

This process applies to all doctors in training undertaking NROC work for TEWV (it excludes FY1 doctors employed by an Acute Trust that do not undertake NROC work in Psychiatry). Effectiveness of the process will be reviewed by the Junior Doctor Forum, involving locality representatives, on a quarterly basis.

Medical Development will undertake periodic reviews of instances where an exception report resulted in additional payment in order to identify any trends or meaningful differences which may result in a work schedule review.

Where NROC work has triggered time off in lieu (TOIL) an exception report should be completed as per the normal process, however payment will be made under this agreement.

14 Recommendations for Less Than Full Time (LTFT)

It can be particularly challenging to design rotas effectively for Less Than Full Time (LTFT) trainees; these should be designed by taking into account the specific needs of these trainees, instead of being planned with a full time worker as the automatic default.

The most common LTFT training arrangements are;

- **Slot share** – a training post (or more than one training post) is divided between doctors so that all duties of the post are covered by the doctors. LTFT doctors are paid as individuals and work together. Educational slots but not a contract and may overlap sessions.
- **Job share** – a full time contract for a training post is shared between two doctors usually at 50 % each. The doctors received half of the salary for the post and half of the training opportunities.
- **Reduced sessions in a full time post –** only some of the hours available are undertaken in a full time post with extra hours either being considered as a rota gap or shared between other doctors on the rota.
- **Supernumery** – additional trainees allocated to an organisation usually in excess of the standard number of trainees expected within a set placement.

Less Than Full Time Training allows doctors to work part time in posts that are fully recognised for training often in order to manage a variety of responsibilities e.g. caring commitments, disability, ill health or any other activity outside of medicine that encourages the doctor to train LTFT.

Working LTFT has many benefits and has become a requirement for many within the modern workforce. For doctors LTFT can reduce fatigue and increase work place morale due to a better work life balance. It facilitates a wider variety of experience within the system and helps retain doctors in training who might otherwise have been lost from the workforce.

LTFT contribution to a rota should be planned with LTFT representatives such as the Champion of Flexible Working, as required to ensure that both the personal and educational needs of the doctor and the service needs of the department are being met.

Each LTFT doctor must have a personalised work schedule built for them to ensure that they are working the correct proportion of hours and shift type, included in the full time template for their LTFT percentage and are being paid correctly. The work schedule should not exceed 40 hours, averaged over a reference period define as being the length of the rota cycle, the length of the placement or 26 weeks, whichever is shorter.

All attempts should be made wherever possible to facilitate set working day patterns where requested by the doctor in line with the statutory right to request flexible working, providing that service needs can be met. Many LTFT doctors prefer to work on fixed days each week with the same days off each week, particularly important when arranging caring responsibilities.

The work schedule should highlight the individual pro rata entitlement to study leave and annual leave (inclusive of public holidays) of the doctor to ensure the earliest opportunity for planning and requesting leave.

Attendance at mandatory regional teaching should be factored into LTFT work schedules as a minimum of a pro rata basis. Fixed days of mandatory teaching will need to be incorporated into LTFT work schedules to facilitate this.

Study leave should be prospectively sought for all teaching, courses and educational opportunities that fall on non-working days and where study leave approval is granted it must be compensated with TOIL.

LTFT doctors will be expected to make a proportionate contribution to the out of hour's rota where possible. Night shift patterns should take into consideration fixed working day patterns and off days. Where night shifts are required steps should be taken to minimize disruption to the doctor's pattern. In instances where an on call shift is rota's on what would not normally be a non-working day for the doctor either increased pay or TOIL can be given if undertaking the shift is unavoidable. However all effort should be made to swap the on call work wherever possible. This occurrence should be rare as rotas should be designed to accommodate different working patterns.

Weekend and availability allowances will be pro rata'd based on the proportion of the full time commitment to the weekend rota that has been agreed in the doctors work schedule. For example an LTFT doctor making a 50% contribution to the rota would be paid 50% of the availability allowance paid to a doctor making a full contribution to the rota.

The roster should be a live document, which is reviewed regularly, taking into account any variations highlighted through exception reporting, to ensure that any additional work or scheduled rest maintains the doctor's average working hours in line with their LTFT percentage.

At any time doctors working on the roster have the ability to request to move to LTFT trainee. In the first instance discussion should be had with the educational/clinical supervisor, seeking advice from the Champion of Flexible Working where needed, to scope out the rationale for requesting LTFT or if there are other arrangements for flexible working that could be made.

15 Acknowledgement of the BMA Facilities and Fatigue Charter

The organisation acknowledges the BMA Facilities and Fatigue Charter and will through remits such as the Junior Doctor Forum or the Health and Wellbeing Group ensure the provision of adequate catering, travel and rest facilities for doctors working on call in order to improve quality of placement experience at the Trust and overall wellbeing of individuals.

Representatives to support the Wellbeing Agenda within the Trust will be nominated from each Junior Doctor Cohort and Medical Development in order to ensure agreed standards of the charter are met and maintained. Occasions where facilities are deemed unsatisfactory or insufficient should be raised via either of these groups for further review and where issues persist, reported in the Guardian of Safe Working Hours quarterly report to the Executive Management Team.

16 Definitions

Term	Definition
Work Schedule	A document outlining the work commitments and training outcomes associated with a job role, the content of which is required in order to achieve completion of the placement.
Rota	A template working pattern distributed to doctors alongside the work schedule prior to commencement of a work placement at the Trust.
Roster	Rota populated with specific doctors details including staff names and dates and contact information that can be used to arrange leave, shifts swaps etc.
Exception Reporting	A practice that enables trainees to inform the Trust when their day to day work varies significantly from their agreed work schedule; to include but not limited to issues in the number of hours worked, breaks not taken or training opportunities missed due to poor support; alongside enabling immediate action to be taken to change a work schedule if deemed either unfit for purpose or unsafe for both patients and doctors.
Non Resident On Call (NROC)	NROC working patterns occur when on site cover is not needed but the doctor is required to be available to return to work when called or to provide advice by telephone.

17 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Medical Development will disseminate this policy to all Junior Doctors employed by the organisation on the commencement of each rotation and signpost principles during Induction
- Medical Development will disseminate this policy to all Clinical and Educational Supervisors in order to ensure obligations under this document are effectively met

17.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Junior Doctors	Face to Face	1 day	Once every four months minimum
Educational/Clinical Supervisors	Face to Face	1 day	Once every 3 years

18 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Reviewed and monitored in compliance with best practice by the Junior Doctor Forum/ Local Negotiating Committee	Annually	Governance monitored via relevant groups with performance and delivery reported to EMT via the Guardian of Safe Working Hours

19 References

Good Rostering Guidance; NHS Employers & BMA Collective Agreement
https://www.nhsemployers.org/-/media/Employers/Publications/NHSE-BMA-Good-rostering-170518-final.pdf
Enhancing Junior Doctors Working Lives – a progress report
https://www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_Edit_FINAL.pdf
Eight high impact actions to improve the working environment for Junior Doctors
https://improvement.nhs.uk/documents/1884/NHS-8-high-impacts-A4v5Bm_with_stickynotes_5_7dgIFbL.pdf
Junior Doctor Moral; Understanding Best Practice Working Environments
https://www.hee.nhs.uk/sites/default/files/documents/Junior%20Doctors'%20Morale%20-%20understanding%20best%20practice%20working%20environments_0.pdf
Royal College of Psychiatry; Supported and Valued Trainee Review
https://www.rcpsych.ac.uk/training/your-training/psychiatric-trainees-committee-supporting-you/supported-and-valued
BMA Facilities and Fatigue Charter https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/working%20hours/bma-fatigue-and-facilities-charter_july2018.pdf?la=en
Welcomed and valued: Supporting disabled learners in medical education and training
https://www.gmc-uk.org/-/media/documents/welcomed-and-valued_pdf-78466923.pdf

20 Document control

Date of approval:	20 August 2020	
Next review date:	20 August 2023	
This document replaces:	New document	
Lead:	Name	Title
	Bryan O'Leary	Associate Director Medical Development
Members of working party:	Name	Title
	Annemarie Stubbs Dimitra Papakosta Elaine Corbyn Dr Lisa Templeton Mike Gallagher Dr Nayeema Shakur Dr Joe Stammeijer Dr Jim Boylan/ Dr Hany El Sayeh Dr Julian Whaley Dr Ruth Briel Dr Elzbieta/ Dr Doru Matees / Dr Hans Rowjee Dr Darren Rudd/ Dr Anca Iftodi / Dr Lewis Catnach Dr Estafania Lopez Dr Adam Swallow Dr Apoorva Peddada / Dr Shobin Abraham Dr Rooh – Al Amin Dr Jozsef Szavuj	Medical Staffing Business Lead Medical Staffing Team Leader Medical Development Manager Doctors Chair (LNC) Industrial Relations Officer (BMA) BMA LNC Junior Doctor Representative BMA LNC Junior Doctor Representative Director Medical Education Guardian of Safe Working Champion of Flexible Working Trust Doctor Trainee Representatives Teesside Trainee Representative H'gate & Northallerton Trainee Representative York Trainee Representative North Durham Trainee Representative South Durham Trainee Representative Higher Trainee Representative
This document has been agreed and accepted by: (Director)	Name	Title
	Dr Ahmad Khouja	Medical Director
This document was approved by:	Name of committee/group	Date
	Junior Doctor Forum Local Negotiating Committee (LNC)	12 September 2019 15 October 2019
This document was ratified by:	Name of committee/group	Date
	Gold Command	20 August 2020
An equality analysis was completed on this document on:	05 August 2020	

Change record

Version	Date	Amendment details	Status
V1	20 Aug 2020	New document.	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	**Medical Development, Medical Directorate**					
Name of responsible person and job title	**Bryan O'Leary, Associate Director Medical Development**					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	**Junior Doctor Forum (JDF) Health and Wellbeing Group, Local Negotiating Committee (LNC). Medical Director, Director of Medical Education, Associate Director of Medical Development, Guardian Safe Working, Champion of Flexible Working, Nominated Trainee Representatives.**					
Policy (document/service) name	**Rostering, Facilities and Fatigue Supporting Guidance**					
Is the area being assessed a…	Policy/Strategy	**X**	Service/Business plan		Project	
	Procedure/Guidance				Code of practice	
	Other – Please state					
Geographical area covered	**Trust wide – all localities hosting Junior Doctors**					
Aims and objectives	**To ensure a best practice training & work environment is provided to all Junior Doctors in line with standards expected under relevant Terms & Conditions**					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	**June 2020**					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	**August 2020**					

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Ian Mhlanga on 0191 3336267/3046

1. Who does the Policy, Service, Function, and Strategy, Code of practice, Guidance, Project or Business plan benefit?

All Junior Doctors working in the organisation. Can be used by the organisation to demonstrate practices to HENE/ HEYH and the GMC in relation to support provided to doctors in training employed by the organisation.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	**No**	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	**No**	**Sex** (Men, women and gender neutral etc.)	**No**
Gender reassignment (Transgender and gender identity)	**No**	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	**No**	**Age** (includes, young people, older people – people of all ages)	**No**
Religion or Belief (includes faith groups, atheism and philosophical beliefs)	**No**	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	**No**	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	**No**

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	**X**	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Full Trust wide consultation has been completed with all relevant stakeholders.

No – Please describe future plans that you may have to engage and involve people from different groups

Policy reviews will be undertaken in conjunction with different cohorts of Junior Doctors due to the nature of rotational placements.

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
No additional training needs identified.					
Trust staff	**No**	Service users	**No**	Contractors or other outside agencies	**No**
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Annemarie Stubbs Type name: Medical Staffing Business Lead				Date:**03.08.2020**	
Your reporting (line) manager: Type name: Elaine Corbyn, Medical Development Manager				Date: **03.08.2020**	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					

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