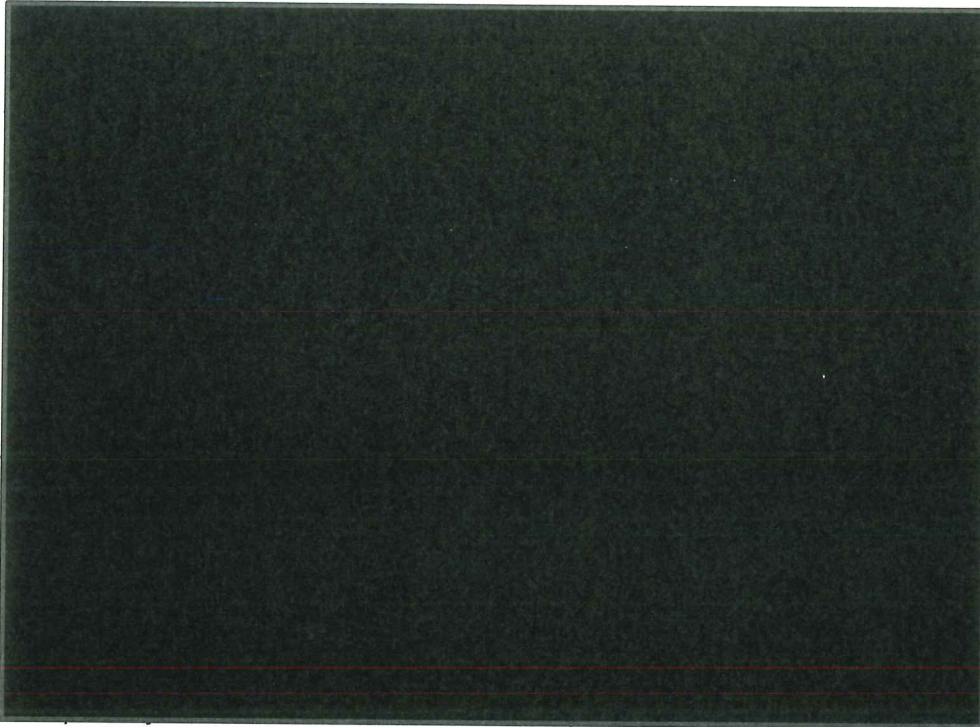


MINUTES OF JUNIOR DOCTORS' FORUM HELD ON 12/06/19

LOCATION: JOHN REEVES MEETING ROOM

IN ATTENDANCE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.



The meeting commenced at 5:15pm with a welcome from [REDACTED] who invited all present to introduce themselves.


Matter Arising from last meeting- [REDACTED] called for suggestions on how to spend the £60,000 BMA grant.

- [REDACTED] said that it would be the junior doctors' decisions on how and where they wanted it spent but that the LNC would have to sign it off.

The general consensus by the doctors was that it should be spent on refitting their Mess with things like new and comfortable bed/mattress, refrigerators double glazing of the windows to block out/reduce noise, dishwasher, etc. It was however agreed that it has to be carefully planned to maximize the use of the money.

Junior Doctors Forum – 11 March 2020

Notes from meeting

	Action
<p>BMA Charter funds</p> <p>The query was raised as to what would happen in the future should the furniture in the Doctors Mess require replacement, etc more particularly in light of the fact that the doctors mess was now accessible to all doctors not just those who have contributed to the mess payments. RL confirmed that this would be treated no differently to any other area in the trust that required refurbishment and will raise the issue with Sonya Carey.</p>	

Trainee doctor LNC representatives conference 2020

Poster display entry

Criteria:

How junior doctors have worked to improve the lives or working environment of junior doctors in their work place?

-or-

For doctors in England, how has your trust spent its share of the £10 million additional funds to improve rest facilities for Junior Doctors.

Main contact

Name: Saarah Ebrahim

Hospital (if appropriate): Luton & Dunstable University Hospital (Bedfordshire Hospitals NHS Foundation Trust)

LNC: East of England

Email: saarah.ebrahim@ldh.nhs.uk

Contact telephone number: 07581371730

Additional authors (if required)

Name:

Training grade:

Name:

Training grade:



Abstract

Title of poster: Improving the work environment: A domino effect

Abstract (maximum 200 words):

Luton and Dunstable Hospital (L&D) is an acute hospital run by Bedfordshire Hospitals NHS Foundation Trust. It provides medical and surgical services for over 350,000 people and a substantial amount of its workforce is made up of junior doctors. The last two years have been successful for the L&D, as it opened an on-site Junior Doctors' Common Room streamlined by a dedicated Mess Committee. Supported by the trust directors and the East of England BMA regional co-ordinator, the common room has a full range of amenities and has been host to BMA surgeries on contracts, pensions and tax advice. The impact of having a place junior doctors to come together has been key to encouraging attendance at Junior Doctor Forums and improved communication between the trust and its workforce. This has paved the way for junior doctors to raise key issues such as exception reporting and out-of-hours rest facilities that have been ironed out during BMA local negotiating committee meetings. The 'Fatigue and Facilities' charter allowed for further developments including the siting of sleeping pods and recliner chairs on premises. These steps taken before the Covid-19 outbreak ensured that the working environment of junior doctors was well equipped to support them during this difficult time.

To enter: submit this form by email to info.jdc@bma.org.uk by 23:59, Monday 7 September 2020.

All accepted posters must be submitted to info.jdc@bma.org.uk by 23:59 on Monday, 12 October

Display entry details

1. An electronic version of each poster in a PDF format, must be emailed to info.jdc@bma.org.uk by Monday, 12 October 23:59. Failure to receive a copy by then may mean that your poster is withdrawn.
2. Any issues or concerns please email to Nikolas Baksi nbaksi@bma.org.uk & Dr Rowan Gossedge rowan.gossedge@doctors.org.uk
3. The posters will remain in place on the website of the conference and may be used by the BMA in further campaigns.
4. All posters should have a contact email address should representatives have queries.
5. At least one of the named authors must be attending the conference for the poster to be accepted for display.
6. Please note that by submitting the form the author(s) agree to all the Terms & Conditions of the poster exhibition, which can be found online at bma.org.uk

Junior Doctors Forum

8th September 2022

Notes from Meeting

Attendees:



Trainees:

At the recent LNC, surgery rest areas was discussed. The outcome of the discussion was that one of the surgical trainees would discuss with his colleagues with a view to collating suggestions as to what was required. Waiting on response.

█ highlighted the fact that there appeared some duplication with conversations relating to surgical rest facilities. She confirmed that █ and herself had already visited Howard Ward which was a non-starter and subsequently visited the wellbeing room near AAU with █ – which again, did not materialise as this is heavily used by other groups.

█ had also visited the old IT clinical systems training room in Beeden House which appeared to be consistently empty, however following discussions with █, he confirmed that another group would be moving into there.

It was suggested that another meeting may be useful with █ once we had a clear plan from the trainees regarding requirements.

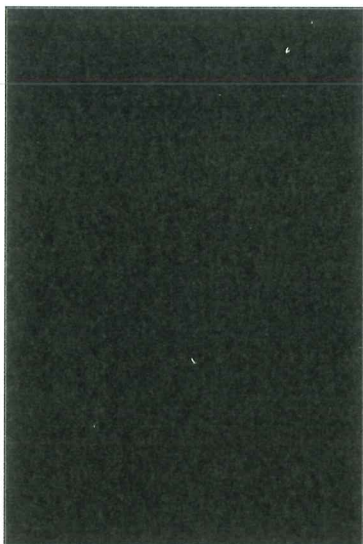
█ confirmed that she had a meeting scheduled with █ soon regarding Raleigh Centre and would broach the subject again.

Junior Doctors Forum

10 November 2022

Notes from Meeting

Attendees:



Trainees:

■	<p>Introductions</p> <p>Issues raised at last meeting:</p> <ul style="list-style-type: none">• Rest Facilities for surgery – still outstanding. Some items for the Anaesthetics room have been ordered. Rest facilities for Surgery still remains an issue. ■ and ■ are meeting ■ at the end of November in order to discuss options.• Update on the TV for the doctors' mess. ■ is waiting for an update from one of the trainee reps about this.
	<ul style="list-style-type: none">• Re: Howard Doctors' Room. There seems to be disconnect information between what is actually happening at night, and what the ward team is aware of. Last discussion which took place with the matron, they believed that no one was using the room at night. It has been reported back to ■ that people are still sleeping in the Howard Doctors' room, and refusing entry to other people. ■ agreed with this statement, as she had had discussions with Matron about these incidents in the past as well. ■ – all staff need a place to take rest overnight when workload allows, but doctors still need to have access to key items, and also have to have their own area, separate for themselves where they can take rest, because nurses have the advantage of having a bit more regularity with their breaks because of cross cover, whereas for doctors it is a lot more random as to when they will be free to sleep, and it is right to have a designated area that is just for doctors.

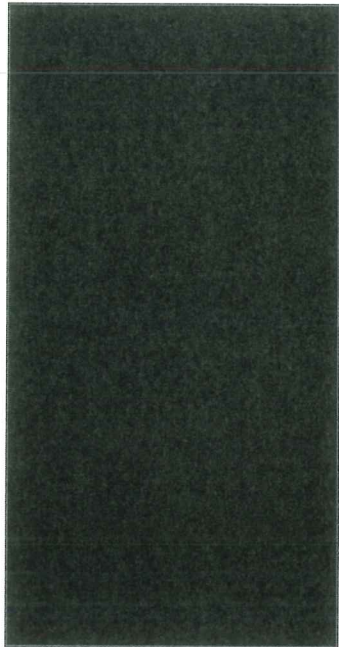
	<p>■■■- We will need to get something from our hierarchy of nursing that this was agreed, and because of this, the junior doctors can't get it. We need to copy in the Exec about this, as it is not acceptable for doctors not having access to their office, because the nurses are using the office as a rest place. They need to look at an alternative. ■■■ to keep this item on the agenda, and will get back to ■■■■</p>
--	---

Junior Doctors Forum

13th October 2022

Notes from Meeting

Attendees:



Trainees:

Apologies:

	<p>Introductions</p> <p>Issues raised at last meeting: Rest Facilities for surgery – still outstanding. This had been discussed at LNC and is being looked at.</p>
	<p>H will ensure that suggestions for rest rooms are emailed to [redacted]</p>

<p>Corporate Policy</p> <p>Subject: Use of On-call Room and Rest Facility Policy</p>	
<p>Responsible Director: Director of Operational Services</p> <p>Responsible Manager: Accommodation Officer</p>	<p>Key Reference: BMA Fatigue and Facilities Charter 2018</p>
<p>Date of Approval: XX 2020</p>	<p>Review Date: XX 2023</p>

<p>Purpose</p>	<p>To ensure availability of rest and sleeping facilities for medical staff finishing night duty or whose rota pattern means that they cannot get home for reasonable rest before returning for their next duty; to provide overnight accommodation for designated Pharmacy, Physiotherapy and Radiology staff with on-call duties.</p>
<p>Objectives</p>	<p>To clarify the circumstances when an on-call room can be used; to confirm which staff groups are entitled to use an on-call room and how many days continuous use is permitted; to provide a simple process for booking an on-call room so entitlement to use can be verified.</p>
<p>For Use By</p>	<p>Medical staff, Human Resources/Medical Staffing, Pharmacy, Physiotherapy and Radiology staff who have on-call duties, Director of Estates, Support Services Manager, ICT Service Delivery Manager and duty SMOC.</p>
<p>Related Policies <i>Any policies or guidelines that directly impact or are impacted by this policy</i></p>	<p>Fire Strategy and Safety Policy Health and Safety Policy Disciplinary Procedure BMA Fatigue and Facilities Charter 2018</p>
<p>Definitions <i>Any Acronyms or Abbreviations used in policy</i></p>	<p>BMA: British Medical Association HMO: Houses in Multiple Occupation JBH: John Baker House</p>
<p>Status / Version Control <i>Previous versions of the policy should be stated here with former name if changed along with dates when they were approved.</i></p>	<p>New Corporate Policy. This is Version 1.</p>
<p>Impact Assessment</p>	<p>Below is guidance to the completion of this part: To identify the resources necessary to implement, operate and monitor the operation of the policy</p>
<p>Equality and Diversity</p>	<p>Linked to the Equality Assessment in section below</p>

Business	Include information with Medical staff induction.
Legal Implications	Confirmation on HMO compliance required
Quality	NA
Resources	None unless/until the Trust sells one property
Risk	Low
Statutory Compliance	Health and Safety at Work Act
Sustainability	NA

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1. Purpose

This policy provides guidance on the entitlement of some Bedford Hospital NHS Trust staff to use on-call rooms.

2. Entitlement to use an on-call room

2.1 Staff groups entitled to use an on-call room.

- Medical staff
- Pharmacy, Physiotherapy and Radiology staff

2.2 Those **not** entitled to use an on-call room.

- Locum medical staff from agencies and/or having previously worked at Bedford Hospital NHS Trust.
- Locum staff from other departments either via an agency or having previously worked at Bedford Hospital.
- Staff who live in Bedford Hospital NHS Trust accommodation at The Horseshoe.
- Staff who have been made homeless or who have housing problems.
- Employees from Bedford Hospital NHS Trust partner organisations such as Moorfields
- Healthcare students.
- Recently recruited staff who have not yet found accommodation.

2.2 Circumstances when on-call accommodation can be used and how many days continuous use is permissible.

- Medical staff finishing a night duty who want to rest before driving home.
- Medical staff who cannot get home for reasonable rest before returning for their next duty.
- Pharmacy, Physiotherapy and Radiology staff who have an on-call duty.
- The maximum number of nights that an on-call room can be used by one person continuously is three.

3. Process for booking an on-call room/obtaining access to rest facilities so rooms are allocated fairly and entitlement to use can be verified.

- JBH Rooms C, D and E are designated rest rooms for medical staff at the end of a night shift for a few hours rest. Keys can be collected from the Accommodation Officer in the Support Services Office between 08.00 hrs and 09.00 hrs Monday-Friday. At weekends and on bank holidays, keys can be collected from the switchboard. Keys for these three rooms should be returned to the switchboard by 13.00 hrs each day.
- All other on-call rooms (43 Ombersley Road x 4 rooms and JBH x 2 rooms) should be booked by e-mailing the Accommodation Officer who will confirm if a room is available. In case of a query, the Accommodation Officer will contact Medical Staffing to check on the entitlement to use an on-call room. Keys will be in named envelopes and can be collected from/returned to the switchboard.

4. Communicating on-call room arrangements to relevant staff.

- Medical staff induction handbook
- Policy on intranet
- Via LNC minutes
- Medical staffing office

5. Action to be taken in cases of abuse of policy and/or facilities.

- If there are problems with medical staff (or medical staffing agencies) the Accommodation Officer will contact the Medical Staffing Manager for action.
- For other staff, the Accommodation Officer will contact the relevant departmental head for action.
- The Accommodation Officer will not deal with either locum agencies or individuals (in and outside the Trust) who put pressure on by indicating that unless accommodation is provided, a locum cannot be supplied or the locum will not come.

6. Responsibilities

Medical Director or designated deputy	Annual walkabout to on-call room houses
Medical Staffing Manager	Ensures locum agencies understand that accommodation is not supplied as part of a locum booking. Ensures that medical secretaries understand this so locum staff do not ask them to book on-call accommodation.
Health and Safety Manager	Annual inspection of 43 Ombersley Road and John Baker House.
Emergency Plan/Security Mgr.	Annual inspection of 43 Ombersley Road and John Baker House
Fire Officer	Annual inspection of 43 Ombersley Road and John Baker House
Director of Estates	Annual inspection of 43 Ombersley Road and John Baker House. Provides check on HMO compliance
Maintenance Manager	Provides a timely response to maintenance requests.
Accommodation Officer	Weekly check in both properties for cleanliness and maintenance issues. Books on-call rooms from e-mail requests. Issues keys to rest facilities.
Support Services-Charge-hand	Books on-call rooms from e-mail requests. Issues keys to rest facilities.

References <i>i.e. NICE guidance, externally recognised reports or research</i>	
Staff Involved In Development	Jane Jelly-Catering Administrator Simone Martin-Accommodation Officer Heather Tate-Medical Staffing Team Leader/Medics E-Rota Lead LNC members

Monitoring / Audit Criteria

Aspect	Method	Frequency	Responsibility	Reporting Arrangements

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Equality Impact Assessment Screening Tool for Policies

AREA	NEGATIVE IMPACT		SIGNIFICANT Y/N?	
	Y ✓	N ✗	Y ✓	N ✗
1. Gender		N		
2. Religion/ belief		N		
3. Age		N		
4. Disability (includes: mental health, learning disability, physical, sensory)		N		
5. Ethnicity (includes: travellers and gypsies)		N		
6. Sexual Orientation (includes: gay, lesbian, bisexual)		N		
7. Social / Economic		N		

For any boxes marked as 'yes' above please complete details below

Area	Issue	Further Steps to be Taken

Negative Impact

- Q1. Will the policy create any problems or barriers to any community or group? N Y/N
- Q2. Will any group be excluded because of the policy? N Y/N
- Q3. Will the policy have a negative impact on community relations? N Y/N

If yes, a full equality assessment must be done.

WILL THE POLICY PROMOTE	POSITIVE IMPACT		State how, i.e. evidence used to reach this decision
	Y ✓	N ✗	
1. Equal Opportunities			
2. Get rid of discrimination			
3. Get rid of harassment			
4. Promote good community relations			
5. Promote positive attitude to disabled people			
6. Encourage participation by disabled people			
7. Consider more favourable treatment of disabled people			
8. Promote and protect human rights			

Assessed by (Name/s) _____

Signed		Post:		Date:	
Signed		Post:		Date:	

Approving Signatories

Name of Sub-Committee / Business Unit: _____

Date:	Date:
Signature:	Signature:
Print Name:	Print Name:
(Chairperson of Board or Committee indicated above)	(Chairperson of Board or Committee indicated above)

- Approved by
- Trust Board
 - IM&T Strategy Group
 - Information Governance Committee
 - Audit Committee
 - Human Resources and Organisational Development Committee
 - Quality Board
 - Executive Management Board
 - Health and Safety Committee
 - Safeguarding Committee
 - Other – Please Specify [_____]
- (✓)

Date:	Date:
Signature:	Signature:
(Chairperson of Board or Committee indicated above)	(Chairperson of Board or Committee indicated above)

Responsible Executive Director Signature

Signature:	Date:
Print Name	Job Title

Consultation List

A completed list should accompany **every** guideline/policy
(This gives evidence on who has seen this policy and any comments made)



Bedford Hospital
NHS Trust

Name of Person	Department or Committee	Comments

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WORKING ENVIRONMENT

AND WELLBEING GUIDE

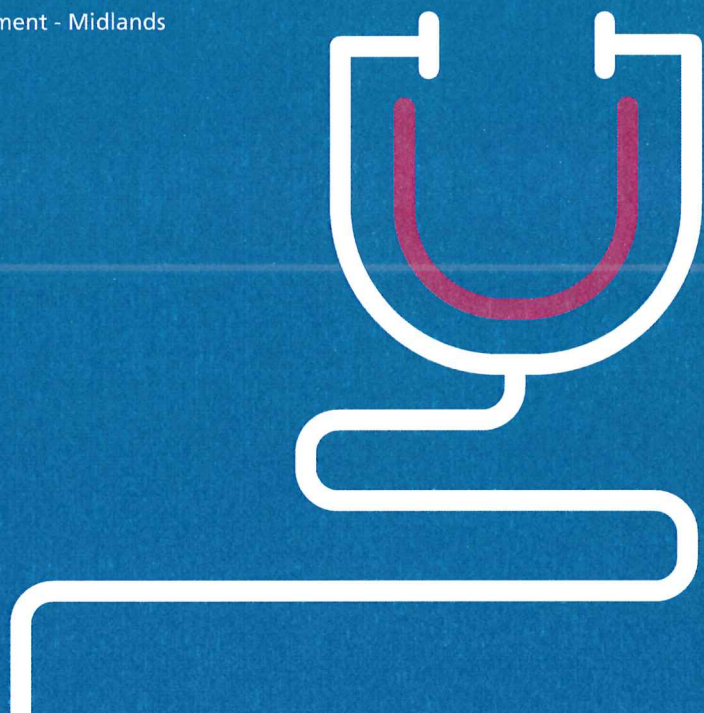
Improving facilities, training and the wellbeing of junior doctors in the Midlands in response to the COVID-19 pandemic

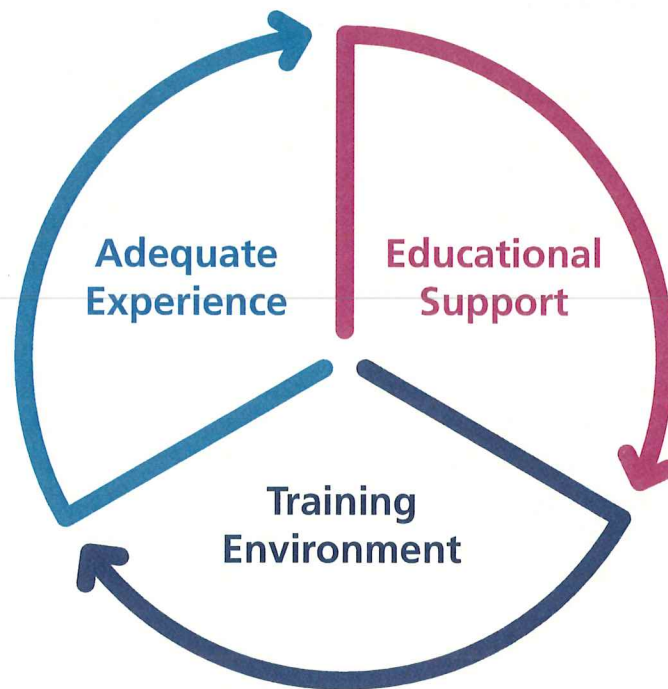
“I welcome this timely practical guide highlighting the importance of a supportive work environment. Doctors in training need sufficient access to rest and sleep facilities for their wellbeing.

As leaders, we recognise that innovation and better patient care comes from inclusive work environments that foster diverse ideas, nurture staff with diverse talent and backgrounds and create strong relationships with their workforce.

This guide promotes the creation of healthy habits and work cultures, for providers to embrace and enact, supporting the learning, development and wellbeing of doctors.”

Dr Nigel Sturrock
Regional Medical Director
NHS England and NHS Improvement - Midlands





“As we begin to design a new normal during the COVID-19 pandemic it is critical for future service delivery that we fully re-establish education and training with a particular focus on those trainee doctors whose progress has been most affected. This requires system-wide commitment and we are pleased that the Midlands’ Charter has affirmed this commitment of our service providers.”

The pandemic has demonstrated to all the importance of looking after our workforce and this will continue to be central to the re-establishment of education and training. Our trainees need to work in environments that are conducive to training and receive the wellbeing support so crucial for effective working. We are therefore really pleased to welcome this Working Environment and Wellbeing Guide that outlines some of the practical measures that can be taken to support trainees and supports the aims of the Midlands’ Charter.

It is impressive to see how some providers have risen to this challenge and we hope that commitment and innovation can be cascaded system-wide. Health Education England (HEE) will work with all providers to support and monitor the Clinical Learning Environment utilising its Quality Framework which is being refreshed to adapt to the new environment.”

Dr Jonathan Corne
Postgraduate Dean East Midlands
Health Education England

Professor Russell Smith
Regional Postgraduate Dean
Health Education England

Introduction

During the COVID-19 pandemic there has been significant disruption to the training of junior doctors with the cancellation of rotations, reduction in training opportunities and impact on trainee wellbeing.

There are fantastic examples of providers creating additional support for trainees, wellbeing areas and developing innovative technological solutions to provide training and outpatient appointments. In addition, there has been national guidance provided by Health Education England (HEE)¹ and the Academy of Medical Royal Colleges (AOMRC)² to try to minimise the impact on trainees and provide guidance on the restarting of training.

Although services are restarting there are still significant pressures on training opportunities and rest facilities due to the need for social distancing, reduction in elective procedure lists, changes in outpatients' pathways and the reallocation of significant volume of elective surgery to the independent sector.

We also must consider the impact on the health and wellbeing of our trainees following unprecedented challenges. As stated in We are the NHS, the 2020 NHS People Plan³:

“The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors.”

There have been significant recent national efforts to improve junior doctors working lives. In 2018 the British Medical Association (BMA) published the Facilities and Fatigue (F&F) Charter⁴ which contains guidance on the improvement of facilities, induction, training and rota design.

In 2019, the General Medical Council (GMC) commissioned Caring for Doctors Caring for Patients⁵ a review of the mental health and wellbeing of UK doctors and medical students. This report highlighted the multi-dimensional aspects of wellbeing and produced an action plan to meet people's core needs of Autonomy, Belonging and Competence.

HEE annually report on issues affecting junior doctor quality of life as part of its Enhancing Junior Doctors' Working Lives programme⁶. The NHS People plan makes a clear commitment to improve junior doctors working experiences and “paying greater attention to their health and wellbeing”. The Enhancing Junior Doctors Lives report demonstrates HEE initiatives including enhanced flexibility in work and supporting doctors returning to training that aim to improve these issues.

The standards, actions and ongoing work from these national programmes are still extremely relevant and provide continuing benefits to trainees. However, due to the current challenges a working group of Midlands based trainees was established to propose additional considerations that could be simply and quickly enacted in the region.

Suggested improvements for Facilities, Training, and Wellbeing services

Rapid advances have been made during the COVID-19 pandemic, therefore there is an opportunity to celebrate and share these improvements. As stated in the NHS People Plan “where new approaches have worked well, we should not roll them back but adopt them systematically.”

As recommended by the GMC report, Caring for Doctors Caring for Patients⁵:

- Organisations should have completed or have a plan in place to fulfil the simple steps outlined in the BMA Facilities and Fatigue Charter 2018 to improve facilities and reduce fatigue.

However, we must all review previously made plans to fulfil the BMA Facilities and Fatigue Charter 2018, as new guidance regarding social distancing and changes in working conditions or clinical pathways may now mean they are not sufficient.

CASE STUDY

Trainee Involvement

Working within the Postgraduate Medical Education team, the Junior Doctor Liaison Officer (JDLO) is a unique role which promotes the training experience and welfare of the Nottingham University Hospitals NHS Trust junior medical workforce offering practical, administrative and pastoral support. The role was highlighted by the Care Quality Commission last year as an area of outstanding practice.

Nina Iacovitti
Junior Doctor Liaison Officer
Nottingham University Hospitals
NHS Trust



Wellbeing and Mental Health Support

Resources both nationally and locally have significantly improved rapidly due to the COVID-19 pandemic and an awareness of its impact on wellbeing and mental health.

Unfortunately, even prior to the pandemic nearly 1 in 4 doctors in training in 2018 stated via the GMC survey that they felt burnt out to a high or very high degree⁷. It has also been demonstrated that mistakes are more frequently made by burnt out doctors⁸ and patient satisfaction is higher in organisations where staff wellbeing is higher⁹.

In summary, "Doctors who feel highly valued and motivated are better equipped to deliver high-quality care and meet the needs of patients and the wider NHS", Professor Sheona MacLeod⁶.

Therefore, in addition to the excellent support being offered we recommend:

- Wellbeing and mental health support are offered regularly and services are sign-posted on induction.
- Details of the Practitioner health service are provided on induction.
- Occupational health should be an important part of induction and self-referral possible.
- Subscriptions to digital wellbeing provisions should be continued.
- Nutritious food and exercise should be encouraged by organisations and be readily available.

CASE STUDY

Wellbeing Strategy

Recognising the need to support the holistic wellbeing of staff, Sherwood Forest Hospitals NHS Foundation Trust developed a four-level self-care and wellbeing strategy in the early phases of the COVID-19 pandemic. Collaborating with consultant psychologists, evidence-based mental health and psychosocial support strategies including webinars, access to safe spaces (Dens) and pastoral support were offered to staff framed by 30-day wellbeing calendar with a headline topic for each day.

This has helped to inform the ongoing development and implementation of a provider-wide wellbeing strategy, including continued fortnightly psychological wellbeing webinars, provision of safe spaces (Dens), proactive review of rest facilities and 24-hour access to catering provisions.

Dr Ruwani Abeyratne

Chief Registrar, Sherwood Forest Hospitals NHS Foundation Trust



Rostering and Rota Design

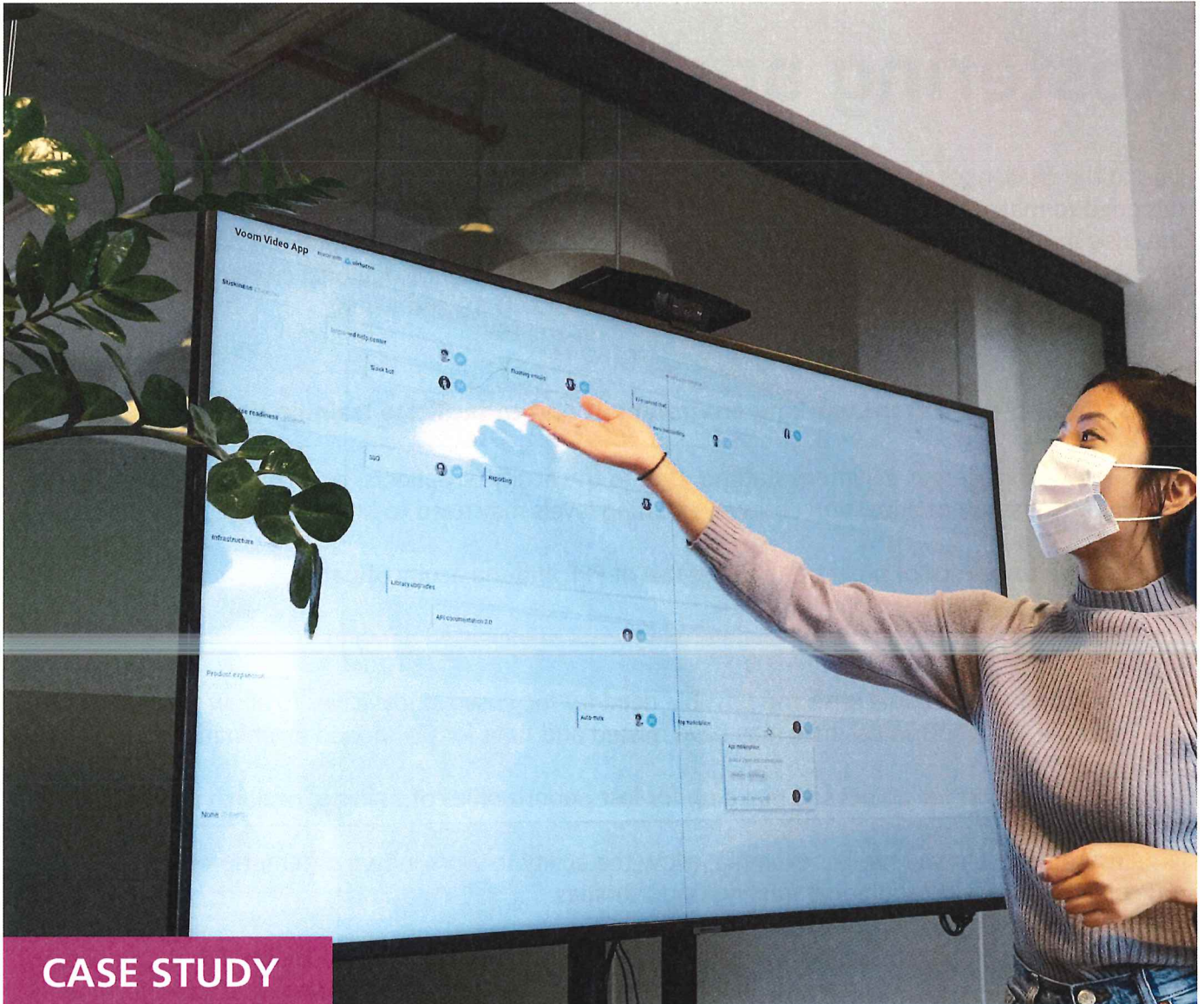
Due to the challenges of COVID-19, changes to junior doctor rotas had to be made at pace and were designed to match demand that was unpredictable and incomparable. Trainees responded amazingly to the crisis and in many instances designed and lead rota developments. As rotations have restarted there has been a return to more recognisable working patterns. However, additional challenges remain and there is the risk of further increases in demand due to COVID-19 and winter.

In response to the current working environment and to facilitate training we suggest:

- Review clinical areas minimum staffing. Due to the acuity of patients, donning and doffing and the change of admission pathways staffing levels may need to be increased.
- Increase frequency of breaks due to the use of PPE and the acuity of patients.
- Encourage exception reporting to determine areas of increased demand.
- Review on an individual basis the possible need for increased study leave. To allow trainees exposure to opportunities they may have missed and time for postponed examinations.
- Provide support for trainees to make up for lost opportunities of training, research and procedures.
- Ensure flexible rosters. For example, allow the ability to work in two different providers or sites to provide additional training opportunities.
- Encourage and provide support for the completion of non-essential Annual Review of Competency Progression (ARCP) requirements that may have not been possible including quality improvement, teaching, and research.

If a second wave occurs:

- Ensure adequate notice of rota changes.
- Ensure requested annual and study leave is honoured.
- Ensure rotas are designed to all staged escalation/de-escalation depending on demand.
- Ensure trainees access to educational opportunities is continued.
- If trainees are reallocated to another area, ensure they have appropriate clinical supervision.
- Shadow rotas where trainees are at home but can be called in at short notice should not be routine and only enacted following discussions with trainees and their programme director. If shadow rotas are required, remuneration for the non-resident period, contractual rest breaks between shifts and notice periods are necessary.



CASE STUDY

Rota Development

"Sherwood Forest Hospitals NHS Foundation Trust have used online rota software for four years allowing complete transparency of on call duties, teaching sessions, theatre and clinic attendance. This initiative was piloted with junior doctor leadership in the medical division before rolling out to the rest of the Trust. The software enabled a working group of the Rota team, Human Resources and junior doctor leaders to quickly respond to the pandemic and develop a new COVID-19 rota for trainees to increase out of hours cover."

Dr Daniel Smith
Leadership and Management Fellow
Sherwood Forest Hospitals NHS Foundation Trust



CASE STUDY

Digital Learning

“At Lincolnshire Partnership NHS Foundation Trust trainees are comprehensively supported to ensure ongoing education and training. Rapidly developed protocols enable remote working for certain activities, prompt provision of laptops and the development of flexible rotas lead to low sickness levels and excellent feedback regarding management support. Teaching via Microsoft Teams, online training and weekly newsletters from the Director of Medical Education and online forums from the Medical Director ensured training continued throughout the pandemic.”

Dr Ananta Dave
Medical Director
Lincolnshire Partnership NHS Foundation Trust

Induction

Due to social distancing and the rapid development of new clinical pathways in response to the pandemic, changes to junior doctor induction has been enforced with excellent examples of digital platforms and innovation being utilised.

To ensure junior doctors start their placements fully prepared we would recommend induction includes:

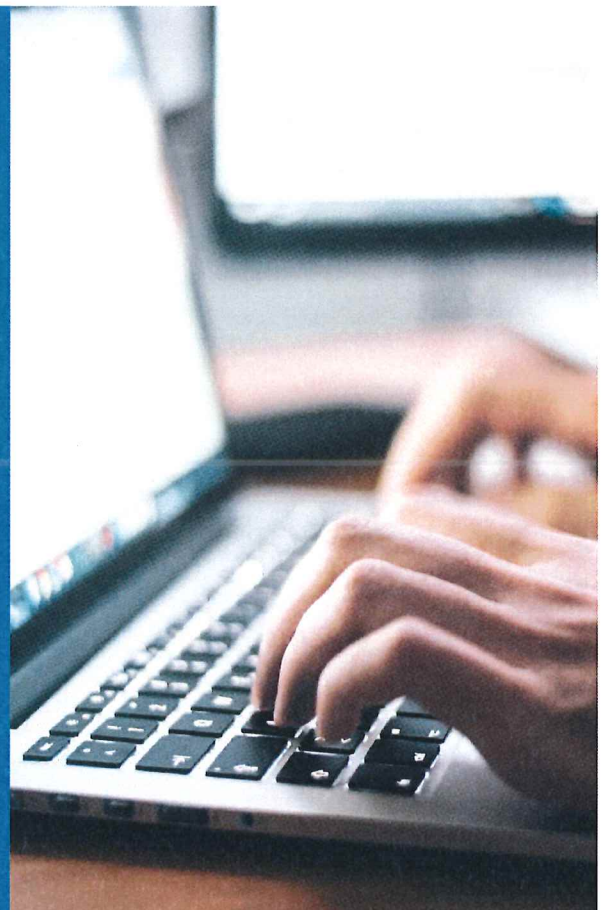
- The use of digital platforms to aid induction.
- Virtual guides, handbooks and e-learning.
- A module covering COVID-19 treatment and clinical pathways.
- PPE teaching and FIT testing for all new starters with certification provided.
- Signposting to resources for wellbeing support and occupational health.
- The completion of individual risk assessments before starting clinical practice.
- Provide updates on policies that have been mandated due to the pandemic.

CASE STUDY

Medical Induction

The Covid-19 pandemic introduced numerous challenges for the induction process. Through the pandemic, and in response to the 'new groups' of staff requiring inducing (e.g. redeployed doctors, interim foundation doctors), 483 junior doctors and 72 medical students received online/virtual induction via the Microsoft Teams Live platform between May and August 2020. The University Hospitals of Leicester NHS Trust induction team were able to adopt newly available technologies in a timely manner to deliver induction without any significant dilution of the content. The interactivity, ability to record content, and the financial savings associated with delivery of content via a virtual platform has likely changed the way induction is delivered.

Dr Ciaran Grafton-Clarke
Clinical Education Fellow
Leicester Royal Infirmary

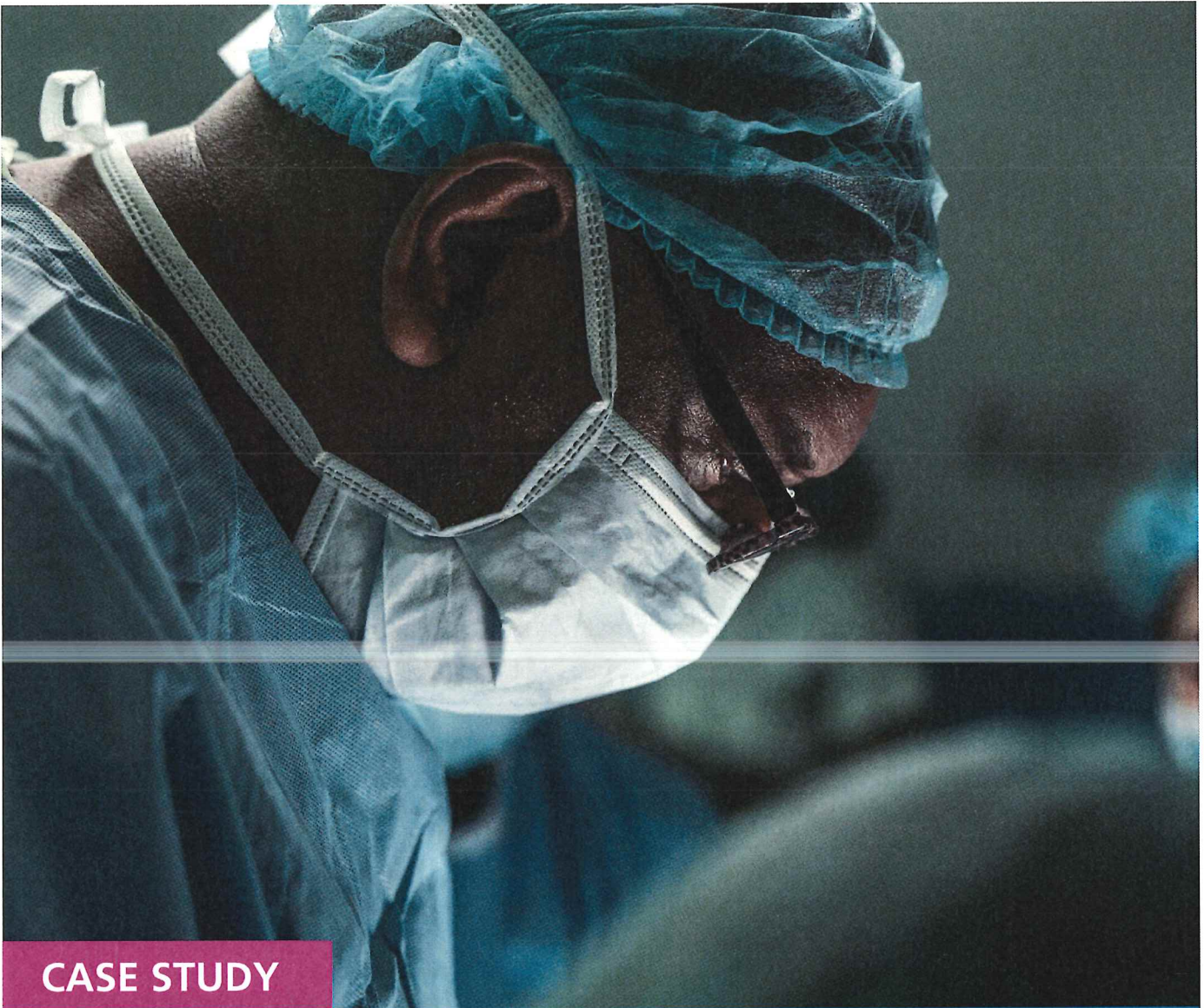


Training

Training has been significantly affected by the COVID-19 pandemic and the necessary changes to working practices. However, there has been many opportunities for learning and the development of additional skills. These transferable capabilities include the care of COVID-19 patients, palliative care experience and the development of novel skills such as virtual consultations.

We recommend the following actions to ensure trainees development is prioritised:

- Survey trainees for missed opportunities and learning needs on their rotation to new providers and/or departments.
- Every procedure, operation, clinic, or consultation is a potential training opportunity. Solutions to enable this need to be developed.
- Increase the provision of technology including headsets, cameras, computers within clinics to ensure teaching and supervision of virtual consultations.
- Completion of the HEE COVID self-certification document¹⁰ and/or COVID passport developed by HEE/The Faculty of Intensive Care Medicine recognising trainee's experience and learning during the pandemic.
- If providers provide mobile devices to trainees, ensure they can be used for virtual training and meetings with the installation of appropriate applications.
- Increase the provision of mandatory training courses for example Advanced Life Support (ALS), Care of the Critically Ill Surgical Patient (CCrISP), Advanced Trauma Life Support (ATLS) to reduce the backlog of trainees caused by the cancellation of previous dates.
- Ensure universal access to elective surgery lists in private settings.
- Further support for educational supervisors to enable them to provide further study leave time for previously missed educational opportunities innovative solutions.
- Provide extra time and resources for the revision and undertaking of Royal College exams.
- Provide private (pop-up) rooms in non-clinical areas for supervisor meetings utilising digital technology and consider utilising space vacated by those working at home.
- Provide space to receive virtual lectures where interaction during teaching is possible.
- Provide additional simulation training to ensure changes in clinical practice due to COVID-19 are demonstrated and practised and to compensate for missed clinical experience.
- Provide proactive support via mentoring and networking opportunities to meet consultants and trainees in specialties to gain insight and support with career progression.



CASE STUDY

Training Priorities

“The Clinical Education team in collaboration with junior doctors created a survey to understand the impact on training and experiences of junior doctors during COVID-19 pandemic to develop priorities for developing an adaptable, innovative training framework. 137 trainees responded to the survey and the findings demonstrated significant inequity in training opportunities suggesting that educational bodies should strive to develop personalised training programmes going forward.”

Dr Ciaran Grafton-Clarke
Clinical Education Fellow
Leicester Royal Infirmary



CASE STUDY

Curriculum Coverage - Maxillofacial Surgery Surgical Training

Part of the curriculum in Maxillofacial Surgical Surgery is Paediatric Craniofacial surgery. To facilitate training of East Midlands based trainees they spend a 2-week attachment at the Birmingham Women's and Children's NHS Foundation Trust (BWCFT) observing cases in theatre, attending clinics, ward rounds and Multi-Disciplinary Team (MDT) meetings. This was sufficient for Certificate of Completion of Training (CCT) and was a big help for the exam. BWCFT arranged an honorary contract. It was agreed with all units that trainees would 'drop out' of their usual rota for this period and would not have to take annual or study leave. HEE also agreed to pay for travel and accommodation for those two weeks as it was recognised it could not be provided elsewhere in the region.

Rest, Food, Travel and Changing

There have been fantastic examples of improvement in organisations in response to the BMA Fatigue and Facilities Charter 2018 and the landmark funding agreement of £10 million from the government. The General Medical Council support implementing these changes and state “all healthcare employers should provide all doctors with places and time to rest and sleep, access to nutritious food and drink.”⁵

Examples of improvements include new bedrooms, showers, and kitchen facilities as well as refurbishment of existing doctors mess¹¹. During the first COVID-19 wave rapid improvements were made on many sites to these areas. We ask that organisations do not withdraw these advances and to continue improving.

Therefore, we suggest:

Rest spaces, common rooms, or the mess:

- To not regress from additional rest and wellbeing spaces provided to all staff during the first COVID-19 wave.
- Review currently provided non-subscription-based rest spaces to ensure the space is sufficient to allow social distancing for all trainees.
- Provide frequent deep cleans of rest areas to reduce the risk of outbreaks.
- Ensure there is equity of rest space availability between hospital sites and specialties.
- Review vacant rooms and office spaces to determine if innovative rest spaces can be created outside of normal working hours.

Catering:

- To not regress from the improved availability of hot drink provision and access to nutritious hot foods 24/7 which has improved in many providers.

Travel:

- Provide equity of access and cost to car parking across the region.
- Consider that public transport especially for BAME trainees, shielding doctors and shift workers may be inappropriate and other methods of travelling to work may be required.
- Include transport to organisations as part of a trainee’s risk assessment.

Changing areas and shower facilities:

- Ensure equity of availability across specialities and sites.
- Ensure there is sufficient capacity now there is an increase in PPE and scrubs usage.
- Ensure these areas are frequently deep cleaned.



CASE STUDY

Trainee Engagement

University Hospitals Coventry and Warwickshire NHS Trust has focused on trainee engagement in response to restoration of services following COVID-19. It is important to ensure direct trainee engagement into the broad range of topics covered relating to COVID-19 restoration including PPE provision, COVID-safe access to rest/refreshment facilities, flu vaccination provision and communication strategies.

An example of this include trainees actively participating in the Trust's multi-disciplinary Infection Prevention Council that was formed in response to COVID-19. The Council includes representatives from nursing, medicine, occupational health, facilities management, estates and communications. Further examples of engagement at the organisation include five trainees involved in rota design of junior doctor rotas following the pandemic and further direct representation to senior workforce planning teams. The approach has been so successful the Trust are now recruiting two additional Associate College Tutor roles with a view to using this a springboard to a future Chief Medical Registrar post.

Trainee Engagement

The GMC wellbeing report recommends improving doctor's autonomy and belonging by introducing mechanisms to influence the culture of their healthcare organisations and decisions about how medicine is delivered.

The COVID-19 pandemic allowed many junior doctors to be involved and lead the rapid transformation of services, rotas and education programmes proving that junior doctor engagement is extremely beneficial. Engagement must also be sought to improve the diversity of decision makers. As recently highlighted in the NHS People Plan, there are existing inequalities and the COVID-19 pandemic has had a disproportionate impact on BAME colleagues.

Therefore, we recommend that trainees are involved in:

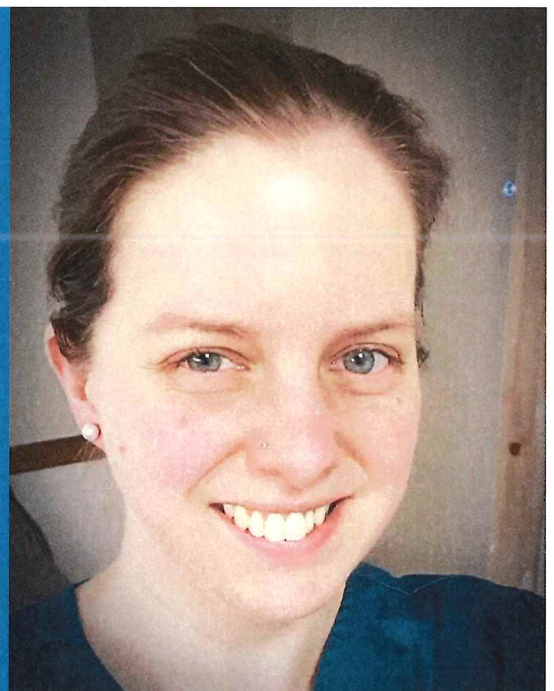
- The development of a response to this document and implementation plans.
- Winter planning.
- Second wave planning.
- Restarting education and innovation discussions.
- The improvement of junior doctor rotas.
- Active BAME provider networks.
- Quality Improvement project work.
- Service reconfiguration.

CASE STUDY

Developing Clinical Leaders

"Work is underway to implement national recommendations that relate to the experience and wellbeing of the junior doctor workforce mapped against the Faculty of Medical Leadership and Management Eight High Impact Actions. Nottingham University Hospitals NHS Trust is proud to have four Chief Registrars supporting the Divisions and junior doctors in working towards these aims, as well as nurturing our trainees with interest in developing clinical leadership roles."

Dr Georgina Barrows
Chief Registrar
Nottingham University Hospitals NHS Trust



Acknowledgements

The work to develop this document aimed at providing a structure to improve junior doctors training, wellbeing and working lives across the Midlands has been a fantastic collaborative effort.

“We have been supported brilliantly in this document’s development and publication by colleagues from a working group of NHS England and NHS Improvement - Midlands and Health Education England. Special thanks go to Jazz Singh, Medical Workforce Senior Manager, NHS England and NHS Improvement; Dr Ciaran Grafton-Clarke, Clinical Education Fellow; Mr John Isherwood, General Surgery Registrar and Academic Clinical Fellow and all the providers of the excellent examples of good practice across the Midlands region.”

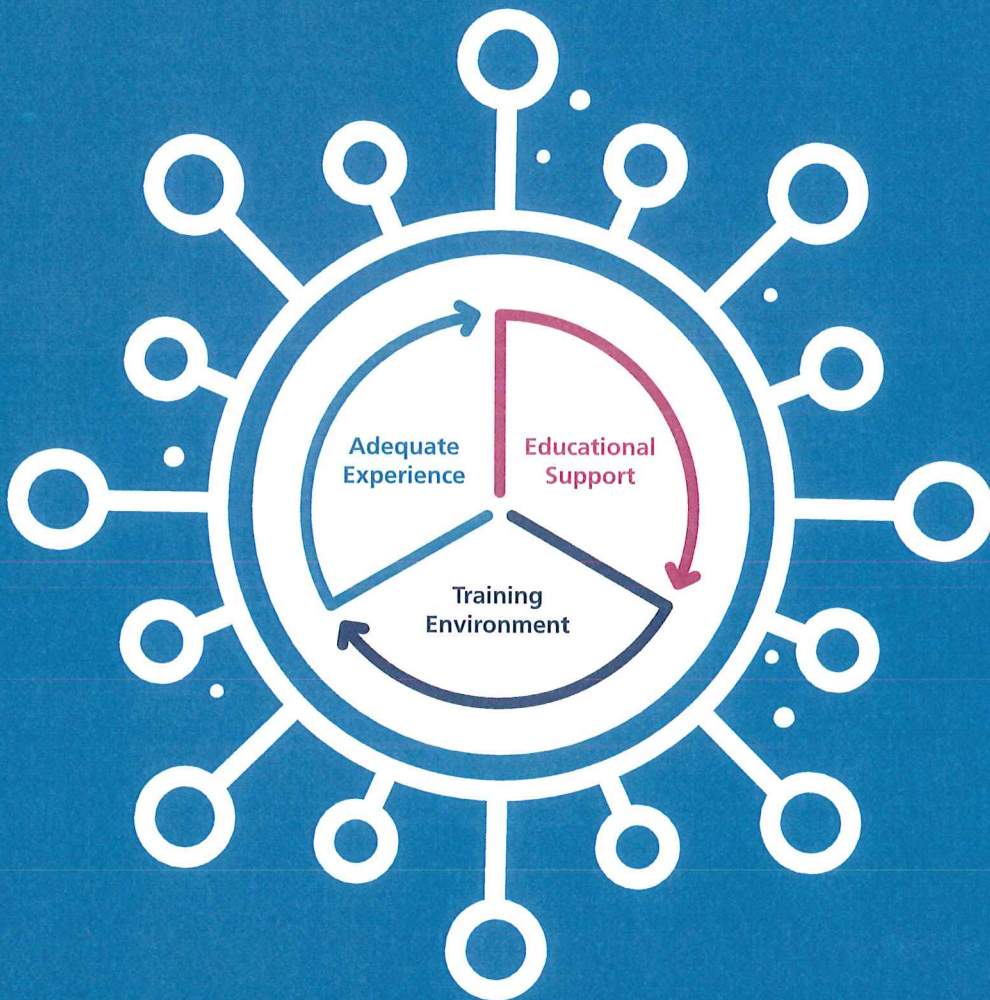


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National Medical Director’s Fellow
NHS England and NHS Improvement - Midlands



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Dr Deva Subramanyam
NHS Trust Director of Medical Education
Bedford Hospital NHS Trust

Directorate of Education and Quality
Floor 2, Stewart House
Russell Square
London WC1B 5DN

By email only



16th May 2019

Dear Deva,

Funding to improve working conditions for Junior Doctors

You will be aware that, in his letter of 18 September 2018 to Dr Nagpaul, BMA Council Chair, the Secretary of State announced that he was making available to NHS Trusts in England £10 million to be spent in agreement with junior doctors locally to improve working conditions for junior doctors.

A group was convened to agree the fair allocation of this funding across the country. This was chaired by Health Education England and comprised representatives including the BMA Junior Doctors Committee, NHS Employers and the Academy of Medical Royal Colleges.

The group agreed that NHS hospitals including mental health trusts and some community trusts in England should receive £30,000 each to be used to enhance facilities and the working environment for junior doctors on their premises. In addition, it was agreed the remaining balance of £3.7 million should be shared equally among some hospitals, mental health trusts and community trusts which are in greater need of investment (using data collated from a number of sources).

The hospitals, mental health trusts and community trusts identified in greater need of investment will receive a total of £60,833.33 each.

To ensure the funding is used to make improvements that will impact positively on the working conditions of junior doctors, the committee agreed that proposals will have to have the endorsement of junior doctors and sign off committing to delivery of the proposals by the senior managers in each hospital / mental health trust / community trust. Consequently, it was agreed the Director of Medical Education and Junior Doctors' Forum should determine, sign off, and monitor, the funding allocation locally.

The aim of the funding is to improve the working conditions for junior doctors. It is suggested that the BMA Fatigue and Facilities Charter will be used as a guide to inform the use of the funding locally but, it is recognised, circumstances and need will vary by location.

Consequently, there is some flexibility to invest in other projects outside of the charter to improve junior doctors working conditions, if signed off by the Junior Doctors' Forum.

To account for the appropriate use of the funding, hospitals / mental health trusts / community trusts will be required to document the allocation of their funds, alongside the justification for its use and provide this to their board. This information should also be available to the BMA Local Negotiating Committee on request for review. We will also wish to use this documentation in future to publicise the improvements made for junior doctors with this investment.

I am pleased to inform you that Bedford Hospital NHS Trust will receive the sum of £60,833.33 to make improvements that will impact positively on the working conditions of junior doctors.

The payment will be made through the Learning and Development Agreement (LDA) and we will work with individual hospitals / mental health trusts / community trusts to update the next available LDA schedule. For some this will be monthly, for others this will be quarterly.

For further information, please refer to the list of Frequently Asked Questions which have been published on NHS Employers' website.

Yours sincerely



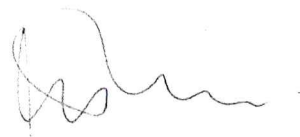
Professor Sheona MacLeod
Deputy Medical Director for Education
Reform and Postgraduate Dean, Health
Education England



Dr Jeeves Wijesuriya
Chair of the British Medical Association
Junior Doctors Committee



Danny Mortimer
Chief Executive, NHS Employers



Professor Caroline MacEwen
Chair, Academy of Medical Royal
Colleges

CC Stephen Conroy, Chief Executive, Bedford Hospital NHS Trust
Gordon Johns, Chair, Bedford Hospital NHS Trust

**JUNIOR DOCTOR MSC
ACTION LOG (19/11/20)
Meeting chaired by- Dr Amit Raithatha (Core Surgical Trainee)**

Issue	Action Point b/f on:	Action for:	Report on Progress or Completion:
<p>Funding for Fatigue & Facilities Charter - £60k (Sleeping pods, Recliners, Overnight accommodation, W23 lounge, OOH food, Water coolers)</p>	<p>19/11/20</p>	<p>█</p>	<p>█ invites MESS committee to discuss with trainees as to how best to utilise any remaining funding. Completed from last Action log:</p> <ul style="list-style-type: none"> • Currently x2 sleeping pods are stationed on the ground floor of Senior Home (old Drs Mess) for use. ID cards should open the doors, and should they not they can be activated by security. • Currently x2 recliners are stationed in Drs Mess • Day Care Lounge on W23 (next to Surgical junior doctors office on 3rd floor Surgical block) is open for rest. If locked, W23 ward manager has key. <p>Raised/ongoing issues:</p> <ul style="list-style-type: none"> • NN will arrange for 1 more sleeping pod to be stationed on the ground floor of Senior Home, and additionally explore whether the pods/Senior home can be added to a cleaning rota to maintain cleanliness. • Water coolers to be stationed in each Doctors Office – Junior Doctor Reps to liaise with colleagues and advise █ ASAP if their work space needs a water cooler. • OOH food options were considered. However, there are challenges in organising this related to health and safety, utilisation and contracting. This issue is ongoing and being explored by █ with the new canteen suppliers. Also with 2nd wave looming the standard and safety of donated food is being explored to minimise risk of staff becoming unwell. • There are 4 on-call accommodation rooms available for use. Overnight accommodation options are below and █ will confirm arrangements with █: <ol style="list-style-type: none"> 1. A department can pre-pay for rooms on a long term contract, hence 2 rooms are already utilised this way by General Surgical and Anaesthetic teams. Other departments can similarly arrange funding for a room this way. 2. Planned stay (i.e Department doesn't have a pre-paid room, but doctor plans in advance to have room a few days while working long shifts)- Doctor needs to pay £30/24 hour stay. 3. Emergency stay- Trust/HR will pay for the room. <p>Also NN to explore how it is ensured that these rooms are kept clean and hygienic.</p>

LNC Fund expenditure as at 30 November 2022

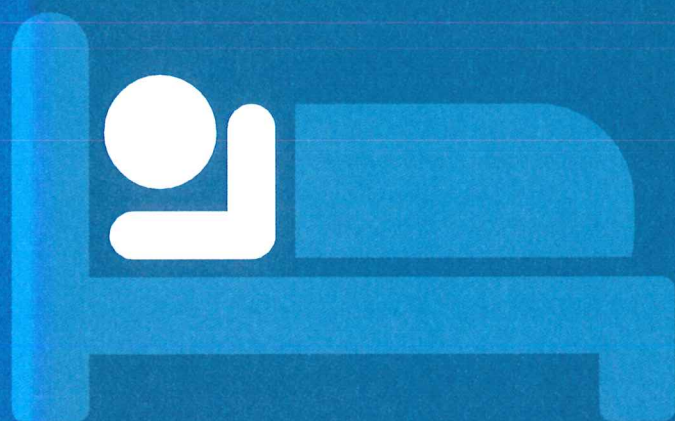
	Bedford		Luton		Comments relating to Bedford
	£	£	£	£	
Funds allocation:		60,000		60,833	
Expenditure:					
Anaesthetic office	9,700				Refurbishment works and new furniture
Chest Clinic	697				Television
Doctors mess	28,340		7,198		Refurbishment works, new furniture, appliances and small kitchen equipment
Endoscopy recovery	1,934				Recliner chairs
Obs & Gynae office	1,883				New furniture and small kitchen equipment
Registrar cabin (A&E)	402				New furniture and small kitchen equipment
Paediatric department	8,104				Chairs with foldout desk
Common room			3,372		Recliner chairs
Induction			5,563		Welcome bags and bag contents (blanket/water bottle/pen)
Total expenditure:		51,060		51,331	please refer to 'Luton detail' tab
Funds remaining:		8,940		9,502	

Bedford - Further expenditure in progress (awaiting costings):

- Printer for Doctors mess
- Small kitchen equipment for anaesthetic office
- Remedial works to Doctors mess
- Large television and camera/microphone in paediatrics

BMA Fatigue and Facilities charter

We are all pulling together to meet increasing demands in an overstretched health service; working more intense hours, routinely missing breaks and dealing with inadequate rest facilities. We know this is bad for staff and our patients. This charter outlines simple steps that can be taken to improve facilities and reduce fatigue, so we can safely, effectively and efficiently care for our patients.



The BMA is asking employers to sign up to the standards in our charter. Get in touch with your local BMA Representatives if you want to help us promote better working conditions for doctors.



Rostering and rota design

- When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available.
- Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts.
- Give adequate recovery time after nights to re-establish normal sleep patterns – at least 46 hours after completing the final night shift.
- Design rotas with no more than four long shifts in a row, a maximum of seven consecutive shifts and no more than 72 hours in a 168-hour period.
- Emergency requests for cover should stay within these limits.
- Provide clearly rostered breaks that comply with rest/break entitlements. For example, for junior doctors:
 - under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' duty
 - under the 2016 terms and conditions: at least one 30-minute paid break for a shift rostered to last more than five hours, and a second 30-minute break for a shift of more than nine hours.
- Support a team-based 'hospital at night' approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.
- Help doctors to raise issues with missed breaks – eg through monitoring or exception reporting systems – and create action plans committing the employer to ensure all breaks are taken.
- Ensure rosters and staffing numbers take account of the need to give the full allocation of annual, study, and other kinds of leave, with enough flexibility for doctors to take leave when sufficient notice is given.
- Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave.

Induction and training

- At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice.
- Offer regular screening of shift workers for primary sleep disorders.
- Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it.
- Give information about the location of rest facilities and how to access them.
- Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks, or rostering problems.

Common room or 'mess'

- Provide an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks.
- Ensure nap/rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment.
- Provide these areas on site for staff (not necessarily exclusively junior doctors), wherever is most appropriate:
 - lounge (with power points, telephone connection and TV aerial)
 - office/study area (with power points, telephone connection and internet access)
 - kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread)
 - changing facilities and showers
 - storage area including lockers for doctors
 - secure cycle storage.

Catering

- A catering facility must be:
 - be open 365 days a year
 - provide adequate, varied, efficiently served and freshly prepared meals
 - offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements
- serve hot food for extended meal times for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7am.
- Make hot food available if the canteen is closed, through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary.

Travel

- Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Refer to each department's rotas to calculate the number of spaces required.
- Where possible, provide an appropriate sleep facility for doctors advising that they feel unable to travel home after a night shift or a long, late shift due to tiredness.
- Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home.

Rest facilities for doctors working on-call

- Make sleep facilities available free of charge for all staff who are rostered or voluntarily resident on-call at night. An individual room should be provided, with:
 - a bed, of good quality, with linen changes every three days and for every new occupant
 - an independently controlled source of heating
 - towels, changed daily and for every new occupant
 - a telephone with access to hospital switchboard
 - electrical power points
 - adequate sound- and light-proofing to allow good quality sleep day and night.

Fixing problems

- Appoint a nominated employer representative for dealing with fatigue and facilities.
- Situations where standards set out in this charter are not met should be raised with the employer representative and an action plan brought to the LNC for agreement.
- The action plan should be implemented within six months of the date that the issue was raised.
- Occasions where an action plan is not implemented by the deadline should be included in the guardian of safe working's quarterly report to the employer's board, or for employers without such a guardian, reported directly to the board.

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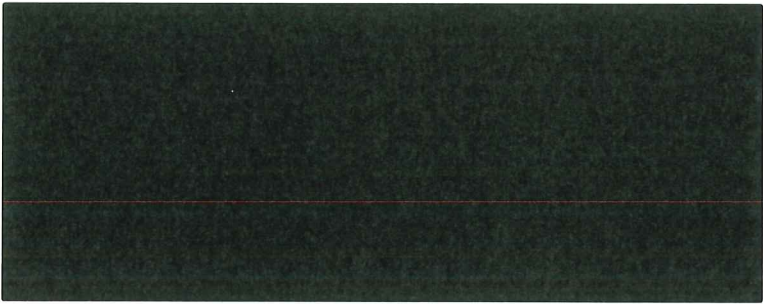
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BMA 20180165

Title of Report	Proposal for Siting Sleeping Pods in Senior Home, Luton & Dunstable Hospital
Executive Summary	<p>A key objective of the Luton & Dunstable Hospital is to work together with the BMA to improve facilities, reduce fatigue in Junior Doctors and improve their personal resilience so they can safely, effectively and efficiently care for our patients.</p> <p>The current working environment for our Junior Doctors is that of increasing workload, reduced morale, routinely missed breaks and inadequate rest facilities.</p> <p>The provision and siting of sleeping pods in the ground floor accommodation of Senior Home, at the Luton & Dunstable Hospital will provide the opportunity for Junior Doctors to rest before travelling home after an intense shift</p> <p>The Government have awarded the Luton & Dunstable Hospital funding specifically for the upgrading and installation of rest facilities for Junior Doctors and the Trust's Local Negotiating Committee are keen to support the standards set out in the BMA Fatigue and Facilities Charter.</p> <p>The purpose of this paper is to recommend that four sleeping pods be purchased, installed and maintained with the funding provided on the ground floor accommodation of Senior Home.</p>
<p>Resource implications:</p> <ul style="list-style-type: none"> - Possible amendment to the Nomination Agreement between the Luton & Dunstable Hospital and Optivo - Administrative support to plan, organise and facilitate the installing and on-going maintenance of the sleeping pods. - Administrative support to oversee a booking process and security of individuals using the sleeping pods 	
Name of key contacts/authors	

1. Introduction

Every trust in England has received funding towards improving rest facilities for junior doctors, following an agreement reached between the Government and the BMA.

A fund of £6.3m will be invested across 210 trusts in England, each of which will receive a minimum of £30,000 to assist in developing or improving rest and sleep facilities for on-call staff.

Following this initial investment, which will take place during the 2019-20 financial year, the remaining £3.7m balance in funding will be distributed among 122 trusts identified as requiring additional support to bring about improvements to on-site facilities.

The decision to provide funding comes as a result of negotiations and agreement reached between the association and Department of Health and Social Care as part of the 2018 junior doctors' contract review.

Guidance for how the funding should be used is set out in the BMA's 2018 Fatigue and Facilities Charter – a good-practice framework to which all trusts in England, including the Luton & Dunstable Hospital have signed up to.

Under the terms of the funding settlement, any planned improvement works need to be approved by the relevant trust's JDF (junior doctors' forum) and senior management team.

The JDF and the Trust's Director of Medical Education will also be required to sign-off and monitor any financial allocation to ensure funds are spent appropriately.

2. Current workforce challenges

Junior doctors work some of the longest and most intense shifts in a hospital. Overnight they may have responsibility for very poorly patients and if doctors are not properly rested and focused, they cannot provide the quality of care – safe care – those patients expect and need. This could potentially result in patient safety issues.

Many doctors, finishing long, stressful night or day shifts often feel very tired or unwell and have nowhere to rest or sleep before their commute home, when they will often be driving long distances.

3. Current Provisions

There is a Doctors Mess based within the COMET which is accessible 24hrs a day to Mess members. It's a large room where junior doctors can relax and socialise. Refreshments are available and there are chairs, sofa, TV, PCs etc. In terms of short notice need for rest, the Trust will, subject to availability, provide a room where the junior doctor can sleep. The requirement for these rooms is only for out of hours and the Trust has ring-fenced two rooms for this purpose. The junior doctor has to contact the Security Office following a night, long or late shift to request a key to a 'short notice rest room' and present their ID badge. The junior doctor has to read a declaration and sign it to confirm their understanding and to receive a key. No charge will be made to the junior doctor as the cost is picked up by the Trust, however, if a room is found to have been used inappropriately a charge of £30 per room per night will be made. If the both rooms are already in use the Trust is required to make sure that alternative suitable arrangements are in place for the junior doctors' safe travel home by public transport. These arrangements and payment have to be approved by the General Manager on-call.

The main issue is that there is no facility for a 'power nap' during a rest break or after a long stressful shift; regular periods of rest and breaks during shifts are an essential component in being able to deliver patient care safely, effectively and efficiently.

4. Financial Implications

The table below illustrates the indicative expenditure and cost pressure associated with supporting x4 sleeping pods.

	Non-pay costs	Income
	£ 11,180	£60,833.33
Total expenditure		
Annual cost pressure		

**Please note these figures require confirmation and may be subject to change.*

5. Options appraisal

Options	Risks	Benefits
Do nothing	Patient safety Health & safety to employees Lose funding Worsening low morale of junior doctors Negative impact on recruitment and retention	No financial implications No resource implications
Utilise funding for the provision, installation and maintenance of x4 sleeping pods on the Ground Floor of Senior Home	Funding implications <ul style="list-style-type: none"> - non recurrent lump sum - On-going costs associated with maintenance will need to be met from Mess funds which are subject to variation Resource implications to ensure sleeping pods are kept clean and functioning Optivo	Ability to support well-being of junior doctors

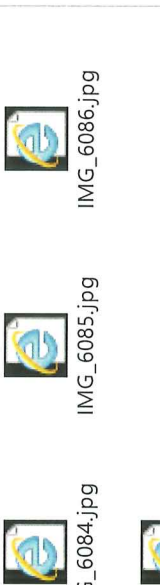
6. Recommendation

The purpose of this paper is to recommend that £11,180 of the government fund given to the Luton & Dunstable Hospital be utilised for the initial provision and installation of x4 sleeping pods and that further funds be drawn down to meet the cost of the on-going maintenance of the sleeping pods.

¹ [BMA-fatigue-and-facilities-charter_july2018 \(3\).pdf](#)

² <https://www.nhsemployers.org/news/2018/10/are-power-naps-good-for-nhs-staff>

EXTRACT FROM GMC ACTION PLAN - 2022

Priority areas for improvement:	Agreed actions and by whom:	Agreed Measures of success (including target completion date):	Review date	Progress against success measures
Paediatrics : Facilities	<p>The rest facilities for doctors in Paediatrics have been upgraded to include recliner chairs, benching, computers, a fridge and coffee making facilities. The seminar room in paediatrics has also been refurbished to include a Teaching monitor, computer, chairs with side folding tables and refreshment facilities.</p>	<p>Photos attached of the newly refurbished rooms</p>  <p>IMG_6084.jpg IMG_6085.jpg IMG_6086.jpg</p> <p>IMG_6087.jpg IMG_6088.jpg IMG_6089.jpg</p>		<p>Completed Aug 22</p>
Surgery : Facilities	<p>Agreed actions and by whom:</p>	<p>Agreed Measures of success (including target completion date):</p> <p>Facilities - discussions are ongoing to provide rest facilities for the surgical trainees and a further meeting is scheduled to take place in October 2022 to discuss the reallocation of spaces when reviewing capacity.</p>	<p>Jan 2023</p>	<p>Progress against success measures</p>

**JUNIOR DOCTOR MSC
ACTION LOG**

Black Font: Current Issues/Ongoing
Grey Font: Issues Resolved/Completed

Issue	Action Point b/f on:	Action for:	Report on Progress or Completion:
Funding for Fatigue & Facilities Charter - £60k	23/5/19		■■■■ (Mess Present/MSC Chair) to invite and discuss ideas with trainees as to how to utilise this funding. 25/7/19: no Jnr Dr Chair or jnr dr attendees present/no update 26/9/19:

**JUNIOR DOCTOR MSC
ACTION LOG**

Black Font: Current Issues/Ongoing
Grey Font: Issues Resolved/Completed

Issue	Action Point b/f on:	Action for:	Report on Progress or Completion:
Funding for Fatigue & Facilities Charter - £60k	██████████	██████████	<p>██████████ and ██████████ (Mess Present/MSC Chair) to invite and discuss ideas with trainees as to how to utilise this funding.</p> <p>25/7/19: no Jnr Dr Chair or jnr dr attendees present/no update</p> <p>26/9/19: SE had disseminated information for OOH accommodation and rest options. Trainees feedback, requests for:</p> <ul style="list-style-type: none"> • x3 sleeping pods to be stationed ground floor Senior Home (old Drs Mess) – awaiting confirmation from Estates re. use of Senior Home – NN(SF) to progress. • X1 recliner to be stationed in Drs Mess – ██████████ to progress • Water coolers to be stationed in each Doctors Office – Jnr Dr Reps to advise ██████████ asap where Doctors Offices are • OOH Food Trolley to come on site 1900-2100 – may be difficult to arrange due to contractina/license issues. May be that the Trust caterer (Engie) can provide – ██████████ to progress. • Day Care Lounge on Ward 23 can be opened by request – W23 Ward Manager has keys

