

WORKFORCE CENSUS AND CHILD HEALTH SERVICES PROFILE
30th SEPTEMBER 2001

Trust Code and Name:

PART A: CLINICAL DIRECTOR/LEAD CLINICIAN'S FORM

This section of the questionnaire is designed to gather data under a number of headings to,

- confirm the details of the current clinical director/lead clinician;
- provide factual and demographic information about the trust;
- examine recruitment in terms of recent experience and future plans;
- provide qualitative assessments about child health service provision in your area;
- supply child protection data for your area.

1 CONTACT DETAILS OF CLINICAL DIRECTOR/LEAD PAEDIATRICIAN

1.1 Title		1.2 First Name		1.3 Surname	
1.4 Post Title					
1.5 Address					
				1.6 Postcode	
1.7 Tel No.			1.8 Fax No.		
1.9 Email					

2 COMMUNITY CHILD HEALTH RESPONSIBILITY IN THE TRUST

2.1 Are you responsible for the management of community child health within this Trust? If no please go to 2.2, if yes go to 2.4, if N/A go to 2.6	YES	
	NO	
	N/A	
2.2 Who is responsible for CCH in this trust?		
2.3 Address Do not complete if this person is listed in the list of contacts for your Health Authority/Board included with this pack.		
2.4 Will the trust employing community paediatricians change from 1.4.02 If yes, go to 2.5	YES	
	NO	
2.5 Name of trust after 1.4.02		

Completion Notes

1. **Contact Details.** Every effort has been made to ensure these are correct, but please update details in this section where appropriate. We are particularly keen on collecting email addresses where this is missing.
- 2.1 **Responsibility for Community Child Health.** Please tick either Yes, No or N/A (if your Trust does not have a CCH service). If CCH exists within your Trust, but you are not the responsible person, and the responsible doctor does not appear in the list of Clinical Directors within your Health Authority/Board that is included in this pack, we would be grateful if you could provide the details.

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3.10 POSTS VACANT FOR 6 MONTHS AND LONGER

Please show the number of posts in each grade which have been vacant for the periods indicated. Include only posts, which have been, funded, agreed and advertised.

Grade	6-12 mths	12-18 mths	18-24 mths	24 mths+
Consultant				
Professor				
Reader				
Senior lecturer				
Staff Grade				
Associate specialist				
Trust grade doctor staff grade equivalent				
Trust grade doctor associate specialist equivalent				
Trust grade doctor SpR equivalent				
Trust grade doctor SHO equivalent				

Completion Notes

2.6 Child Population. 2 separate figures have been requested - the numbers of children under 16, i.e. 0-15 inclusive and those under 19 i.e. 0-18 inclusive, because in many trusts, acute services are provided for 0-15 year-olds, and community services up to and including age 18. The child population should relate to the catchment area of the Trust, and should be the most recent figure available – 2000 or 2001.

2.7 Deprivation indices. There are a number of indices used to measure deprivation – Jarman, Townsend etc, but in order to facilitate completion of this form, we ask for your own qualitative assessment of the deprivation of the child population in your Trust catchment.

2.8 & 2.10 Completion of these 2 fields is optional. Only complete if you readily know the deprivation score and index used to describe your Trust catchment.

3 Recruitment. We would like details of all posts where some recruitment activity has taken place during the year 1/10/2000 to 30/9/2001, even if it is merely funding approval for a post.

3.1 Grades. Only doctors in the following grades should be included in this section –

Consultant	SCMO
Professor	CMO
Reader	Trust Grade Doctor (Staff Grade equivalent)
Senior Lecturer	Trust Grade Doctor (Associate Specialist equivalent)
Associate Specialist	
Staff Grade	Trust Grade Doctor (SpR equivalent)
Clinical Assistant (> 4 sessions)	Trust Grade Doctor (SHO equivalent)

Clinical Fellows that are not in a formal training post should be included, e.g. as a Trust Grade Doctor, SpR or SHO equivalent as appropriate.

Lecturers were included in 1999, but the number reported was inaccurate, as the Census did not include trainees. As data on trainees is not required again for 2001, please do not include Lecturers.

3.2 WTE (Whole Time Equivalent). Express as 1.0 for full time, 0.6, 0.8 etc.

3.7 Locums Only include where the contract period is for 3 months or longer.

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4 PLANNED ADDITIONAL POSTS 2001-2004

Grade	Remainder of financial year 1/10/2001 – 31/3/2002	1/4/2002 to 31/3/2003 (Unfunded posts in brackets)	1/4/2003 to 31/3/2004	1/4/2004 to 31/3/2005
4.1 Consultant				
4.2 Professor				
4.3 Reader				
4.4 Senior lecturer				
4.5 Staff grade				
4.6 Associate specialist				
4.7 Trust grade doctor staff grade equivalent				
4.8 Trust grade doctor associate specialist equivalent				
4.9 Trust grade doctor SpR equivalent				
4.10 Trust grade doctor SHO equivalent				

OTHER RECRUITMENT ISSUES

5 Please rate the overall ability to recruit to consultant and non consultant career grade posts within your trust on a scale of 0-10 (with 10 representing the best position) See completion notes

6 Do you have a plan for dealing with the European Working Time Directive and SiMAP in 2004? If yes, please complete 7.

7 Has the plan been approved by the Trust?

YES	
NO	
YES	
NO	

8 OVERALL ASSESSMENT OF WORKFORCE PRESSURES IN ACUTE UNITS

Name of Unit/Hospital			
8.1 General Acute Services			
8.2 Neonatal Services			

8.3 Comments on workforce pressures

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OVERALL ASSESSMENT OF WORKFORCE PRESSURES IN COMMUNITY SERVICES.
Only answer if you are clinical director or lead clinician for community child health in your trust,

8.4 Rating between 1 and 5 (see notes for full ratings)

8.5 Comments on workforce pressures in CCH

Completion Notes

4 Planned Additional Posts. Please enter the total number of planned new posts for each grade and year shown. Do not include posts to be recruited in respect of retirement or replacement of existing postholders, unless a higher grade is planned. Please note that the first column requires information only for the second half of the current financial year, and it is assumed that all posts will be funded. For the year 1/4/01 to 31/3/03, please show any planned unfunded posts in brackets, e.g. if 2 new consultant posts are planned, but 1 is as yet unfunded, enter "2(1)" in the appropriate cell. Clinical Fellows that are not in a formal training post should be included, e.g. as a Trust Grade Doctor, SpR or SHO equivalent as appropriate.

5 Overall Ability to Recruit. We require a qualitative rating from 0-10 of your ability to recruit to consultant and non consultant career grade posts (not trainees) over the last 12 months. A rating of 10 would indicate that you are flooded with brilliant applicants; 0 would mean that you have given up even advertising.

6 European Working Time Directive. If you remain unsure about this legislation, please refer to the following documents-

Central Consultants and Specialists Committee - Guidance on Implementing the EC Directive on working time for senior hospital medical staff BMA March 1999
Statutory Instrument 1998 No. 1833 The Working Time Regulations 1998 The Stationery Office 1998, ISBN 0 11 079410

The SiMAP case

In October 2000, the European Court ruled on a case brought by Spanish doctors against their employers. This has become known as the SiMAP case. In this case, the court delivered a ruling that clarified the meaning of working time within European Law for medical practitioners. This essentially means that, under the terms of the Directive, all hours that are spent as a resident doctor will be counted as work, no matter whether the doctor is 'resting' as defined by the New Deal. Hours limits therefore become limits, not on hours of Actual Work for resident junior doctors, but on hours of *Actual Duty*.

8 Overall Assessment of Workforce Pressures.

(To be answered by Clinical Directors responsible for Acute Services only)

Please name each acute unit, which provides children's health services in the trust at the top of each column in the grid for this question. For general and neonatal services, enter a rating between 1-5 which most closely describes the workforce pressures you consider that service to be under. A detailed question is included in Part E in respect of workforce pressures in tertiary units.

1= Confident of maintaining rota in face of current pressures eg. Working Time Directive etc.

2= Some difficulty in meeting requirements e.g. Working Time Directive objectives for senior staff.

3= Will need significant expansion of senior staff to meet requirements

4= Significant shortfall on the rota requiring emergency action e.g. consultants to be resident on site on some nights.

5= Crisis situation requiring potential closure to acute admissions as a result of workforce pressures.

If a service does not exist in a particular unit enter N/A in the grid.

8.3 Workforce Pressures – Community Services

(To be answered by Clinical Directors responsible for Community Services only)

Please provide a rating between 1-5 to reflect the workforce pressures for the community services within your Trust as follows.

1= None 2= Minor 3= Moderate 4= Severe 5= Unmanageable

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8.6 Has your trust undertaken an assessment of consultant hours in relation to the European Working Time Directive?

YES	
NO	

9 CHILD PROTECTION IN YOUR TRUST

9.1 Name of Named Doctor in trust for Child Protection

9.2 Name of Designated Doctor for Child Protection

9.3 Geographical area covered by the Designated Doctor

CHILD PROTECTION ROTAS

Please provide data for any separate child protection rota operated in this trust.

9.4 Type C = on call D = 24 hr shift F = full shift P = partial shift O = other	9.5 Tier C = Consultant MG = Middle Grade SHO = SHO O = Other	9.6 Number on rota	9.7 Is prospective cover built into the rota? Yes or No

Completion Notes

9.4 to 9.8 Child Protection Rotas Each row in the table should represent a separate child protection rota operating in this trust. General acute rotas will be covered in Part C, rotas in tertiary centres in Part E. Please use codes provided in columns 9.4 and 9.5

9.7 Tier Middle Grades will include non consultant career grades, SpRs, trust grade doctors (associate specialist and staff grade equivalent)