

TRUST BOARD REPORT IN PUBLIC – 27TH APRIL 2017

QUARTERLY REPORT BY GUARDIAN FOR SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Executive summary

This quarterly report is to update the Trust Board with the progress of the new Junior Doctors Contract 2016, the pattern of the exception reports from the last quarterly report to the Trust on the 26th January 2017 and the management of the issues which have arisen, along with the information on current rota gaps (unfilled posts).

Introduction

The first Guardian for Safe Working Hours report, January 2017, provided a narrative on the role of Guardian for Safe Working Hours and the main principles of the new Junior Doctors Contract 2016, in particular in relation to the monitoring of the working hours, required breaks and educational opportunities.

Since the January report, the new Junior Doctors Contract 2016 has been rolled out to core paediatric trainees and paediatric higher specialty trainees on the 6th March 2017. On the 5th April 2017 the new contract was rolled out to second year foundation trainees in surgery, trauma & orthopaedics, obstetrics & gynaecology, paediatrics and psychiatry. The contract was also rolled out to a proportion of the GP specialist trainees, core trainees in obstetrics & gynaecology and higher specialist trainees in the surgical specialties.

The previous quarterly report raised a particular concern regarding the workload and working hours of the FY1 trainees in general surgery. Since then the Surgical Division has undertaken a number of actions to address the issues. They are described in the Qualitative Information section of this report.

There was a particular incident which raised a major concern when some surgical FY1 trainees felt under pressure not to submit exception reports or felt that they were instructed by their supervisors not to submit exception reports. Such concerns were expressed to a non-executive director of the Trust. An urgent meeting between the surgical FY1 trainees and Guardian for Safe Working Hours took place and the junior doctors clarified that they did not receive specific instructions not to submit exception reports. However, some of the surgical F1, through conversations with the surgical clinical supervisors, felt that the message was by undertaking clinical work beyond prescribed hours is part of the accepted professional duties; or efficient junior doctors should be able to complete the clinical work in the prescribed hours. Therefore to work beyond the prescribed hours could reflect inefficiency in their work. In our meeting I clarified to the junior doctors that submitting exception reports is a very important tool for the organisation to monitor the workload of the clinical work. Junior doctors should not feel impeded in any way in submitting exception reports. To the contrary, by submitting exception reports they contribute to the safe

clinical practice within our organisation. I believe that in their subsequent meeting with the Trust Chief Executive at the Junior Doctors Forum, the same message was reinforced.

High level data

Number of doctors /dentists in training (total)	202 posts/212 trainees. (We have less than full time trainees as slot shares). Figure also includes those on maternity leave.
Number of doctors / dentists in training on 2016 TCS (total)	71
Amount of time available in job plan for Guardian to do the role	1PA
Doctors Working Hours/2016 Doctors Contract Coordinator	Currently .70WTE with funding for 1WTE
Amount of job planned time for educational supervisors	0.25PA per trainee

a) Exception reports (with regard to working hours)

The analysis of the exception reports from 10th January 2017 to 12th April 2017 is as follows:

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Surgical	1	15	15	1
General Medicine	1	2	3	0
Total	2	17	18	1

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	2	17	18	1

Total	2	17	18	1
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Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Surgery	1	15	15	1
General Medicine	1	2	3	0
Total	2	17	18	1

These figures represent a significant reduction from the last quarter when the total exception reports raised totaled 32.

At the time of the production of this report there is one overdue exception report regarding hours and rest. The clinical supervisor is being contacted to ensure the overdue exception report is reviewed as soon as possible.

As shown on the tables above, the majority of the exception reports are still from general surgery at FY1 level. There was one exception report regarding missed educational opportunity which was reviewed and addressed. There were parts of exception reports indicating missed breaks but none of the missed breaks occurred repeatedly such that a penalty needed to be imposed.

Up to now there have been no requests from trainees for a Level 2 (Appeal) of the outcome of the exception report reviews with clinical supervisors.

b) Work schedule reviews

Up to now no work schedule reviews have been required. This broadly means the timetables were seen as appropriate but the workload and work pattern required adjustments.

c) Fines

No fines imposed so far. There was one incident when an FY1 surgical trainee worked beyond the permitted 72 hours in seven consecutive days – this is the maximum number of hours permitted. In reviewing the incident, it emerged the breach of the maximum working hours per seven days occurred because of a voluntary swop between two surgical FY1 trainees. Therefore the breach occurred, not due to the actions by the Surgical Division, but by the action taken by the particular FY1 trainee. The trainee was counseled and made aware she is not allowed to schedule herself to work beyond 72 hours in any seven consecutive days as prescribed by the new contract.

Fines by department		
Department	Number of fines levied	Value of fines levied
General Surgery	0	0
General Medicine	0	0
Paediatrics	0	0
Total	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
0	0	0	0

Qualitative information

1. Issues arising

Surgical FY1 trainees

It is reassuring to see a reduction in the exception reports from the surgical FY1 trainees since the last report. This is likely to be due to the actions taken by the Surgical Division but also due to the fact that the trainees have become more conversant with the tasks required. The actions undertaken by the Surgical Division are as follows:

(A) Completed Actions

- (A.1) Reinforced the information to the junior doctors that they are expected to start and finish at the times on the rotas and not expected to start earlier or finish later than those prescribed times.
- (A.2) Slowed down ward rounds.
- (A.3) Revision of the handover process and compilation of the ward list.
- (A.4) Ward log introduced for non-urgent tasks to reduce the requirement for paging
- (A.5) Increased the number of core trainees working during the weekend.

(B) Ongoing Actions

- (B.1) Weekly review meeting between consultants and junior doctors.
- (B.2) Recruitment of surgical care assistants.
- (B.3) Review of MET composition.

2. Orthopaedic FY2 trainees

The orthopaedic FY2 trainees transitioned to the Junior Doctor Contract 2016 on the 5th April 2017. There have been concerns regarding their work pattern and educational opportunities based on previous GMC surveys. In addition four of the seven Trust grade doctors' posts are still unfilled. These are the doctors who work alongside the FY2 trainees. Both Chief of Education and myself feel that we need to take a pro-active approach to this issue. A proposal is being worked up to provide supervision of orthopaedic FY2s by consultant physicians, possibly consultants in orthogeriatrics. This will provide clinical support and training at ward level to this group of trainees.

3. Rota Gaps

The current gaps on the rotas are as follows:

General Surgery ST3+	1 trainee and 1 Trust grade
Orthopaedic SHO	4 Trust grade
Obstetrics & Gynaecology ST3+	3 Trainees (all on maternity leave)
ENT SHO	1 trainee and 40% of another trainee
Paediatric ST4+	2 trainees as some doctors are less than full time

Summary

In the past quarter, the rolling out of the Junior Doctors 2016 Contract has proceeded as planned. The problems with the working hours and training amongst the FY1s has been actively managed and appears to be improving. The major test will come when the new intake of FY1 trainees start in August 2017 as this will be their first clinical post and therefore they will be less experienced. The concern in orthopaedics at FY2 level is well recognised by Chief of Education and Guardian. An action plan to address the problem is being developed.

A form has been designed for LNC approval reminding junior doctors of the Terms and Conditions of the Junior Doctor Contract 2016 should they decide to undertake additional work. The form highlights Schedule 3 paragraphs 4 and 43 of the Terms & Conditions - an extract from these paragraphs is given below.

Paragraph 4

'Individual doctors have a professional responsibility for ensuring that their total hours of work, including any work undertaken for any other employer, comply with the contractual and regulatory limits set out in paragraphs 1 and 2 ...'

Paragraph 43

‘ 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 additional hours of work exclusively to the service of the NHS via an NHS staff bank. The requirement to offer such service is limited to work commensurate with the grade and competencies of the doctor rather than work at a lower grade than the doctor currently employed to work at. The doctor must inform their employer / host organisation of their intention to undertake additional hours of locum work...

Additional Information

The attendance at the Guardians Junior Doctors Forum has up to now been very poor, particularly by the junior doctors’ representatives. The last three meetings did not achieve a quorum despite a change of timing to suit the junior doctors. A new approach to the arrangements for the forum meetings is needed possibly, through attaching the Guardian’s forum meeting to one of the existing meetings where junior doctors are currently attending.

Questions for consideration

The report therefore is being submitted to the Board for approval and to seek opinions and recommendations from the Board in particular any suggestions the Board might have in attracting more engagement of junior doctors with the Guardians forum meeting.

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April 2017**