

BOARD OF DIRECTORS MEETING

Agenda Item	P1/226/17	Date: 1st November 2017
Subject /title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training	
Author	Dr Neeraj Bhalla, Guardian of Safe Working Hours	
Responsible Director	Dr Ernie Marshall	
Executive summary and key issues for discussion		
<p>The attached report covers the period July – September 2017.</p> <p>This report is presented to enable the board to form a judgement as to how safely the junior doctors are working within the Trust. This report provides an overview of how the new contract implementation is progressing and feedback regarding exception reporting.</p> <p>From August 2017 The Clatterbridge Cancer Centre has junior doctors who are working under the 2016 Junior Doctor contract and its associated Terms and Conditions of Service for the first time. There are also junior doctors (2002 contract) working alongside them and on the same rotas who are not on this contract. Information is being collected from both sets of doctors on issues of working hours to ensure patient safety and for completeness, however only significant breaches for doctors on the 2016 contract could incur financial penalties.</p>		
Strategic context and background papers (if relevant)		
As part of the junior doctors terms and conditions of service there is a requirement for the Guardian of Safe Working to provide a quarterly report to the Board.		
Recommended Resolution		
The Board are asked to consider the points raised in this paper and feedback any comment, areas of concern / further investigation to the report author.		
Risk and assurance		
N/A		
Link to CQC Regulations		
Regulation 12: Safe Care and Treatment Regulation 18: Staffing		
Resource Implications		
N/A		
Key communication points (internal and external)		
N/A		

Freedom of Information Status

<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center; vertical-align: middle;">√</td> <td>A. This document is for full publication</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; vertical-align: middle;"> </td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; vertical-align: middle;"> </td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	√	A. This document is for full publication		B. This document includes FOI exempt information		C. This whole document is exempt under FOI
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	B. This document includes FOI exempt information						
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Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		√
Disability		√
Sex (gender)		√
Race		√
Sexual Orientation		√
Gender reassignment		√
Religion / Belief		√
Pregnancy and maternity		√
Civil Partnership & Marriage		√

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

A report will be presented to Board to provide assurance and raise awareness of any risks or financial penalties on a quarterly basis.

Appendices

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Strategic Objectives supported by this report

Improving Quality	√	Maintaining financial sustainability	√
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	√
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	√
Quality of care and environment	√	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	√
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality	√		
Informed choice		Fair pay and contracts, clear roles and responsibilities	√
Involvement in your healthcare and in the NHS		Personal and professional development	√
Complaint and redress		Treated fairly and equally	√

TITLE: Quarterly Report on Safe Working Hours: Doctors and Dentists in Training
AUTHOR: Dr Neeraj Bhalla
RESPONSIBLE DIRECTOR: Peter Kirkbride, Medical Director
FOR: Information / Discussion

Executive summary

This report covers the period July – September 2017.

From August 2017 The Clatterbridge Cancer Centre has junior doctors who are working under the 2016 Junior Doctor contract and its associated Terms and Conditions of Service for the first time. There are also junior doctors (2002 contract) working alongside them and on the same rotas who are not on this contract. Information is being collected from both sets of doctors on issues of working hours to ensure patient safety and for completeness, but only significant breaches for doctors on the 2016 contract could incur financial penalties.

Introduction

The 2016 Contract for doctors in training ('Junior Doctors') sets out terms and conditions regarding Working Hours (Schedule 03), Work Scheduling (Schedule 04) and Exception Reporting and Work Schedule Reviews (Schedule 05). These are a system of checks and balances to ensure doctors in training work fixed numbers of hours in a 24 hour period, fixed numbers of consecutive days of work and have designated break times in a work period, to try to ensure they are never so fatigued from work as to be a risk to patient safety, which is of paramount importance. The new contract also has schedules outlining the training opportunities the junior doctors should be receiving to ensure appropriate development of skills and knowledge.

High level data

Number of doctors / dentists in training (total):	25
Number of doctors / dentists in training on 2016 TCS (total):	11
Amount of time available in job plan for guardian to do the role: (per week)	0.5 PA (2 hours)
Admin support provided to the guardian (if any):	As required
Amount of job-planned time for educational supervisors: (trainee advised)	0.25 PA per

a) Exception reports (with regard to working hours)

There are no exception reports for this quarter.

b) Hours Monitoring

Hours monitoring exercises (for doctors on 2002 TCS only)					
Specialty	Grade	Rostered hours	Monitored hours	Banding	Working Time Regulation compliant (Y/N)
Clinical Oncology / Medical Oncology	ST3+	44.18	41	1c	Y
General Medicine	F2	42.5	41	1B	Y

c) Work schedule reviews

No issues have been raised. Educational supervisors have been made aware of Work Schedule review process now there are junior doctors on the new 2016 contract at the Trust.

d) Locum bookings

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Clinical Oncology / Medical Oncology	15	15	0	171	171
General Medicine	11	11	11	92.5	92.5

e) Locum work carried out by trainees

A Clinical Oncology Trainee was on sick leave during this period; locum cover was used for their on-calls. One of the ward doctors ('General Medicine') was also on sick leave for a period of time during this quarter and their on-calls were also filled in by locum cover as outlined in the table (d).

f) Vacancies

There are no substantive vacancies during this quarter. Two gaps remain in the clinical / medical oncology staffing due to trainees being out of programme (OOP) on research, which affects service provision by Oncology trainees during daytime work

and is covered by Consultants. LATs have been discontinued and it is difficult to appoint LAS doctors so it was agreed that these gaps could not be filled at this time. The on-call out of hours rota however does include these 2 OOP doctors meaning there are no gaps in the on-call shifts due to this.

During the quarter there were no vacancies on the general medicine rota.

g) Fines

There were no fines incurred in this quarter.

Qualitative information

As Guardian of Safe Working I have introduced myself to the new ward doctors who started at Clatterbridge Cancer Centre in August 2017 and they are aware of the processes around Exception Reporting. No issues were raised by them.

Issues arising

There were no issues arising.

Actions taken to resolve issues

None required

Summary

The information in this report confirms that for this quarter, the working hours of ward-based doctors in training (F2, CMT and GP trainees) and Oncology Trainee doctors were compliant with both the 2002 and 2016 contracts. Locums were used appropriately to cover on-call shifts due to sick leave for 2 doctors during this time period.

Questions for consideration

Within this organization, working hours for doctors in training are considered safe at the current time. The information collected and documented in this report provides assurance for this. It is noted that whilst Haemato-Oncology has now been integrated as part of Clatterbridge Cancer Centre services, the Haematology doctors in training remain under monitoring by The Royal Liverpool University Hospital as their clinical rotations are organized regionally and their rotas are part of The Royal Liverpool University Hospital junior doctors rotas.

Further monitoring of doctors in training at Clatterbridge Cancer Centre will be continued as an on-going process. No questions are raised on this issue currently.