

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	P1/013/19	Date: 30th January 2019						
<b>Subject /title</b>	<b>Quarterly Report on Safe Working Hours: Doctors and Dentists in Training</b>							
<b>Author</b>	<b>Dr Neeraj Bhalla, Guardian of Safe Working Hours</b>							
<b>Responsible Director</b>	<b>Dr Sheena Khanduri</b>							
<b>Executive summary and key issues for discussion</b>								
<p>The attached report covers the period October – December 2018.</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 many doctors in training are placed within the Trust and feedback regarding exception reporting.</p>								
<b>Strategic context and background papers (if relevant)</b>								
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.								
<b>Recommended Resolution</b>								
The Board is requested to accept and receive assurance from this report that working hours for doctors in training are considered safe at the current time.								
<b>Risk and assurance</b>								
N/A								
<b>Link to CQC Regulations</b>								
Regulation 12: Safe Care and Treatment Regulation 18: Staffing								
<b>Resource Implications</b>								
N/A								
<b>Key communication points (internal and external)</b>								
N/A								
<b>Freedom of Information Status</b>								
<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><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future</b></li> </ul>	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; border: 1px solid black;"><input checked="" type="checkbox"/></td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td><b>C. This whole document is exempt under FOI</b></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>		<input checked="" type="checkbox"/>	<b>A. This document is for full publication</b>	<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>	<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>
<input checked="" type="checkbox"/>	<b>A. This document is for full publication</b>							
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<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>							

<b>publication</b>		
<b>Equality &amp; Diversity impact assessment</b>		
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>
Age		√
Disability		√
Sex (gender)		√
Race		√
Sexual Orientation		√
Gender reassignment		√
Religion / Belief		√
Pregnancy and maternity		√
Civil Partnership & Marriage		√
<p>If YES to one or more of the above please add further detail and identify if full impact assessment is required.</p>		
<b>Next steps</b>		
<p>A report will be presented to Board to provide assurance and raise awareness of any risks or financial penalties on a quarterly basis.</p>		
<b>Appendices</b>		

**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**

<b>Patients</b>		<b>Staff</b>	
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"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	√
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 (Q3 2018/19)

**AUTHOR:** Dr Neeraj Bhalla

**RESPONSIBLE**

**DIRECTOR:** Dr Sheena Khanduri, Medical Director

**FOR:** Information / Discussion

### **Executive summary**

This report covers the period Oct 2018 – Dec 2018.

Since August 2017 The Clatterbridge Cancer Centre has had junior doctors who are working under the 2016 Junior Doctor contract and its associated Terms and Conditions of Service. 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):	26
Number of doctors / dentists in training on 2016 TCS (total):	15
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 13 exceptions reports for this period: (9 for Oncology trainees, 4 for ward doctors)

The 8 Exception Reports submitted by ST Oncology Trainees regarding Work and Rest during on-call did not require any further action: all described staying beyond 7pm during a 24 hour non-resident on-call period. Non-resident on-call is defined as being available on site any time if clinically required, therefore no action was required from these ERs and, as Guardian, I met with the trainees in November 2018 to explain this.

An ER raised by a ST Oncology Trainee regarding not having at least 11 hours rest during a 24 hour non-resident on-call was reviewed and 1.5 hours time off in lieu advised.

There were 3 ERs from Junior Trainees on the Medical Rota raised at the start of December 2018 as they noted the Trust Induction commenced before 9am and finished beyond 5pm. As Induction does not form part of their Work Schedule and they were not undertaking clinical work I have not initiated any action as being required but have noted their comments. The 4<sup>th</sup> ER was regarding breaks during work and finishing late. No action required at this stage, trainee advised to take breaks (30 minute break for shift over 5 hours) and hand over outstanding work to on-call team to avoid staying late.

**b) Hours Monitoring**

Hours monitoring exercises (for doctors on 2002 TCS only)					
Specialty	Grade	Rostered hours	Banding	Range of hours	Working Time Regulation compliant (Y/N)
Clinical Oncology / Medical Oncology	ST3+	44.18	1c	Avg. 40 Max 80	Y

Hours pulled from DRS					
Dates applicable	Grade	Rostered hours	On - call Frequency	Range of hours	Working Time Regulation compliant (Y/N)
General Medicine (Aug-Dec 18)	F2 / GP / CMT	45.78	1 in 5	Avg. 45.43 Max. 69.50	Y
General Medicine (Dec-Feb 18)	F2 / GP/ CMT	47.00	1 in 5	Avg: 46.84 Max: 61.5	Y

Historical monitoring from September 2016 – no longer role for 2 week monitoring undertaken 6 monthly as exception reporting has been for all doctors in training.

**c) Work Schedule reviews**

No review of Work Schedules was prompted due to Exception Reporting. However, a significant problem with Work Schedules has been identified.

It was highlighted earlier in 2018 that senior support for the Medical Workforce Administrators was required in the Workforce & Organisational Development Department (WOD), previously known as Human Resources. A Medical Workforce Consultant was contracted by the Trust for 6 months to address this. Through this, it has been identified that the on-call rotas for Doctors in Training at CCC, and therefore their Work Schedules, are likely to be incorrect. Presently, the rota and Work Schedules reflect the number of doctors available to participate in the rota, not the medical establishment of that rota, which is what the rota should in fact reflect, with gaps due to lower than expected establishment numbers, being filled by locums.

The Medical Workforce Consultant is working with the in-house Medical Workforce Administrators to correct these errors, and pay adjustments, including possible backpay, are likely to be required. A list of all Junior Doctors rotating to Clatterbridge on the 1<sup>st</sup> August 2018 was obtained on the 14<sup>th</sup> January 2019. It is proposed that all work schedules and contracts will be reviewed to ensure they match personal rotas and that the trainees are paid correctly. This will be completed by the 31<sup>st</sup> January 2019. Following completion, it is proposed that the Junior Doctors will be paid the arrears in March 2019. This does not impact upon safe working.

**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	8	8	0	160	160
General Medicine	7	7	0	62.5	62.5

**e) Locum work carried out by trainees**

The above shifts have been filled internally by existing junior trainees. The cover required is related to absence and special circumstances.

There was a temporary gap in clinical fellow post which resulted in numerous locum shifts from the Junior Trainees and sickness.

**f) Vacancies**

There are no substantive vacancies during this quarter. There are now six gaps in the clinical / medical oncology staffing due to trainees being out of programme (OOP) on research (one left in October for 9 months) and one return from Maternity Leave in October, which affects service provision by Oncology trainees during daytime work and results in Consultants not having the support of these doctors in their clinics. LATs have been discontinued and it is difficult to appoint LAS doctors so these gaps have not been filled. The on-call out of hours rota however does include two OOP.

From October 2018 there has been 1.6WTE training grade gap on the general medicine rota. From December there is a 2.6WTE gap in the General Medicine rota. Work schedules for doctors in training were amended to account for 2.6 WTE less on this full shift rota and forwarded to the Lead Employers. A clinical fellow has been recruited but will not be in post till at least February 2019. In the interim an agency locum doctor has been recruited until 22<sup>nd</sup> February 2019.

**g) Fines**

There were no fines incurred in this quarter.

h) Haemato-Oncology Exception Reporting is undertaken through RLUBHT system until such time as the physical location of CCC to Liverpool site, but there were no Exception Reports in Haematology for this quarter.

**Outcome of Actions from Quarter 2:**

1. Re-issue of DRS4 log ins for all using the systems including supervisors.

*Log ins reissued to all doctors in training and educational supervisors*

2. Liaise with trainer lead at DRS for notification use.

*DRS4 software system now does notify Educational Supervisors when an Exception Report is submitted but I am not being notified as Guardian, further work required.*

3. Guidance to trainee doctors as to what the relevant exception report details should be.

*As Guardian I delivered teaching session to ST Oncology trainees September 2018 and met again with them in November 2018 to further explain system and ensure they understood terms and conditions of their contract.*

### **Issues arising**

Issues have been highlighted in managing the Medical Rotas (and therefore Work Schedules and pay) and in the Workforce and Organisational Development Department, who oversee this. This has resulted in inconsistencies on the rotas and therefore resultant issues in pay to doctors in training throughout this financial year that are on-going at the time of this report. The issues have been escalated to the Director of Workforce and OD and an action plan is in place. An external Medical Workforce Project Consultant is giving support currently, and a long-term solution with a substantive senior appointment is required. The junior doctor workforce have received regular communication regarding this and the Director of Medical Education is ensuring that training requirements and communication with the Deanery is maintained.

### **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 the 2016 contract based on the rotas they worked, but it is noted the rotas have been based on current rather than expected establishment and therefore may require pay adjustment. It is not felt there were any issues regarding patient safety resulting from these rotas at any stage, and this is being addressed in Medical Staffing.

For information details of the Haemato-oncology rota are mentioned but as these feed into the RLUBHT systems do not affect compliance for CCC. Following the physical move of HO into CCC-L site these figures will be included.