



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	24 April 2019	
Agenda Item:	P1-074-19	
Title:	Junior Doctors – Progress Report	
Report prepared by:	Paula Dale, Interim Head of Medical Workforce	
Executive Lead:	Dr Sheena Khanduri, Medical Director	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	N/A
Date & Decision:	N/A

Purpose of the Paper/Key Points for Discussion:	<p>This report has been prepared to provide an update of the Junior Doctor issues and concerns which have arisen during the August and December 2018 rotations (concluded at the end of March 2019) and how they have been resolved.</p> <p>During the last 6 months positive progress has been made by the Trust and Medical Workforce Team to ensure that the junior doctor training rotas are compliant and fit for purpose to minimise risk to patient care.</p>
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Action Required:	Discuss	x
	Approve	
	For Information/Noting	x

Next steps required	
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	x	Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	
<b>Retain and develop outstanding staff</b>	x	Be <b>enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	x

*The paper relates to the following Board Assurance Framework (BAF) Risks*

<b>BAF Risk</b>	<b>Please Tick</b>
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1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	√
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

### Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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

**TITLE:** Report on the Trust Junior Doctor Issues

**AUTHOR:** Paula Dale, Interim Head of Medical Workforce

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

**FOR:** Information / Discussion

### **Executive summary**

This report has been prepared to provide an update of the Junior Doctor issues and concerns which have arisen during the August and December 2018 rotations (concluded at the end of March 2019) and how they have been resolved.

### **Background**

The 2016 Contract for doctors in training ('Junior Doctors') sets out terms and conditions regarding Working Hours (Schedule 03), Work Scheduling (Schedule 04) and Work Schedule Reviews (Schedule 05).

The Junior Doctor funded training establishment by Health Education England (HEE) for each rolling rotation is a maximum of 9 whole time equivalents (WTE):

3 x F2's (Foundation Year 2 Trainee Doctors)

\*3 x CMT's (Core Medical Trainee's)

\*3 x GP Trainees

\*Between December 2018 – April 2019, the Trust only received 2 CMT's and GP's. Therefore, to fill these training gaps the Trust utilised up to 2 trainee level locum ward based Doctors.

The Trust also funds up to 3 wte Clinical Fellows. However, the current establishment is 2.4 wte, and this will be reducing to 1.4 wte mid-April due to a resignation.

During this most recent Junior Doctor training rotation, an external consultant was appointed who identified that the rota wasn't following best practice as stated in the BMA Good Rostering Guide and therefore created an impact on the work schedules. The work schedules were incorrect as they had been produced individually for each trainee instead of generically, to ensure that they were compliant with the Working Time Directive (WTD).

#### **a) Rotas**

For the junior doctor trainees based on the wards, 2 standardised rotas have been created a 1:9 and a 1:10 on the advice of the external consultant appointed by the Trust to undertake a review. This reflects the current funded establishment and supports the recent submission of a business case to increase this to a 1:10 to ensure there is adequate cover, for patient care, study leave, annual leave, sickness, zero hours and nights. The request to increase the establishment also supports the number of less than full time contracts (LTFT's) on the rota.

The rotas were amended and training provided to the Medical Workforce Team to ensure that they had a comprehensive understanding of how the rotas were 'built' based on the Trust's funded and actual establishments.

**b) Work schedule reviews**

The external consultant following review of the work schedules also identified that they were incorrect. Once it was established that the rotas were correct, the work schedules were then rectified and training provided to the Medical Workforce Team to ensure that they had a comprehensive understanding of how the work schedules were devised and distributed. Due to the discrepancies identified in the work schedules, it also transpired that individuals may have been paid incorrectly.

**c) Junior Doctor Pay**

Meetings were held with the Junior Doctor trainees. Once it was established that the work schedules were correct, a review of the salaries for each junior doctor trainee was undertaken.

For the August 2018 rotation, it was identified that the work schedules had been devised on a 1:10 rota rather than a 1:9 rota. In total, 8 trainees salaries were incorrect (7 trainees were underpaid and 1 was overpaid).

For the December 2018 rotation, the work schedules had been devised correctly on a 1:9 rota, but the annual salaries were incorrect. The miscalculation of the annual salaries resulted in 3 trainees being overpaid and 5 underpaid.

August 2018 Rotation		December 2018 Rotation	
Overpayment	Underpayment	Overpayment	Underpayment
£3015.67	£2224.37	£2825.50	£616.50

Following the completion of the review, the Lead Employer (St Helens & Knowsley Teaching Hospitals NHS Trust) were informed and instructed to make payment to those who had been underpaid and to re-claim the monies from those who had been overpaid. This was actioned in January 2019 and backdated to August 2018.

**d) GMC National Training Survey 2018**

In 2018, over 70,000 trainees and trainers took part in the GMC national training survey giving their views on training posts, programmes and environments in England, Northern Ireland, Scotland and Wales. Detailed below are some of the key findings from the report:

Whilst the majority of trainees were satisfied overall with their training at the Trust, in the Clinical Oncology Specialist Trainees the heavy intensity of working during the day and working beyond rostered hours were 2 areas identified as a concern.

For the CMT's their overall satisfaction had improved for the 6<sup>th</sup> successive year, with educational governance being the highest score at 91.67%. Clinical supervision was 86.67% and handover at 83.33%

The GMC National Training Survey 2019 was launched on the 20<sup>th</sup> March 2019 and closes on the 1<sup>st</sup> May 2019. The results from the survey will be published as soon as they are available.

No areas of concern were identified by the Medical Oncology Trainees. The trainees were 100% satisfied overall, 95.83% were satisfied with their clinical supervision out of hours and 94.17% were satisfied with their induction.

#### **e) Specialist Registrars**

The external consultant had several meetings with the Specialist Registrars and it was identified that there were some issues pertaining to those individuals who were on the Specialist Registrars 2002 contract. Approximately, there are 11 trainees on the 2002, but this is to be confirmed. This again has the potential to impact on individuals pay and Medical Workforce is working closely with the Specialist Registrars and the BMA and it is expected that this piece of work will be concluded by the end of May 2019.

#### **Conclusion**

During the last 6 months positive progress has been made by the Trust and Medical Workforce Team to ensure that the junior doctor training rotas are compliant and fit for purpose to minimise risk to patient care. Following the review of the Junior Doctor training rotas and work schedules, these have now been rectified and appropriate payments have been made. Once the review of the Specialist Registrar contracts has concluded, Medical Workforce will be in a position to advise on any additional costs to the Trust.