



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	24 April 2019	
Agenda Item:	P1-075-19	
Title:	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (Quarter 4 2018/19)	
Report prepared by:	Dr Neeraj Bhalla (Guardian of Safe Working Hours)	
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 covers the period Jan 2019 – Apr 2019. The information in this report confirms that for this quarter, the working hours of ward-based doctors in training (Foundation Doctors in Year 2, those in Core Medical Trainee 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 during this time period.</p> <p>Within this organisation, 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; however, the high number of Exception Reports from ward doctors means the Integrated Care Directorate has been asked to review staffing numbers.</p> <p>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. Shadow monitoring is undertaken and included in this report.</p> <p>Further monitoring of doctors in training at Clatterbridge Cancer Centre will be continued as an on-going process.</p>	
Action Required:	Discuss	
	Approve	
	For Information/Noting	X

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

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

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

BAF Risk	Please Tick
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		
Disability		
Gender		
Race		
Sexual Orientation		
Gender Reassignment		
Religion/Belief		
Pregnancy and Maternity		

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

TITLE: Quarterly Report on Safe Working Hours:
Doctors and Dentists in Training (Q4 2018/19)

AUTHOR: Dr Neeraj Bhalla
Guardian of Safe Working Hours (GoSWH)

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

FOR: Information / Discussion

Executive summary

This report covers the period Jan 2019 – Apr 2019.

Since August 2017 The Clatterbridge Cancer Centre has had junior doctors who are working under the 2016 Doctors in Training contract and its associated Terms and Conditions of Service. There are also Doctors in Training working alongside them and on the same rotas on the 2002 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):	29
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:	0.25 PA advised

a) Exception Reports (ER): with regard to working hours or missed educational opportunities

F2: Foundation Year 2 doctor

CMT: Core medical trainee

ST: Specialty Trainee in Oncology

There are 18 exceptions reports for this period for Junior Medical Trainees covering the wards on the General Medical Rota:

1.	21/12/18	51673	F2	Hours & Rest (2hr)
2.	24/12/18	51787	F2	Hours & Rest (1.5hr)

(1 and 2 from Dec 18 included in this report as submitted too late to be included in Quarter 3 report)

3.	04/01/19	52327	F2	Hours & Rest (1)
4.	08/01/19	52765	F2	Hours & Rest, Education (2)
5.	10/01/19	53319	CT	Hours & Rest (0.5)
6.	14/01/19	53318	CT	Hours & Rest (1)
7.	17/01/19	53317	CT	Hours & Rest (1)
8.	18/01/19	53316	CT	Hours & Rest (1)
9.	18/01/19	53327	F2	Hours & Rest (1.5)
10.	21/01/19	23717	CT	Hours & Rest (0.5)
11.	23/01/19	53718	CT	Hours & Rest (1.5)
12.	07/02/19	54685	F2	Hours & Rest (1.5)
13.	19/02/19	55920	CT	Hours & Rest (1)
14.	20/02/19	55922	CT	Hours & Rest (1)
15.	21/02/19	55807	F2	Hours & Rest (0.5)
16.	22/02/19	55921	CT	Hours & Rest (1.5)
17.	25/02/19	55808	F2	Hours & Rest (1.5)
18.	28/02/19	56545	F2	Hours & Rest (1.75)

Out of 18 Exception Reports no action was required for 3 ER.

Time off in lieu for the extra hours worked was awarded for 15 ER resulting in 17.25 hours' time off in lieu awarded. In each case the trainee was asked to liaise with Medical Workforce to ensure this time was taken at an appropriate time, so as not to impact on patient safety, staffing levels or hours worked by other trainees. In no circumstances was it reported that the time could not be taken back.

There were 2 Exception Reports for this Quarter for Specialty Trainees in Oncology:

1. 07/02/19 55533 ST Education (0)
2. 21/02/19 56034 ST Hours & Rest (2)

No action was required for either report; the missed educational opportunity was noted.

b) Hours Monitoring

Hours monitoring exercises (historical monitoring from 2016)					
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 (Dec18-Feb19)	F2 / GP / CMT	45.50	1 in 5	Avg. 45.41 Max. 61.50	Y
General Medicine (Feb-Apr19)	F2 / GP / CMT	45.50	1 in 5	Avg: 44.87 Max: 61.5	Y

c) Work Schedule reviews

Quarter 3 GOSWH report outlined that there had been inaccuracies in the Work Schedules for ward doctors working on the General Medical Rota and it was proposed that all work schedules and contracts were to be reviewed from August 2018 to ensure they matched personal rotas and that the trainees had been paid correctly.

The findings were:

- August 2018 rotation – work schedule should have been based on a 1:10 and it was on a 1:9, therefore 7 individuals were underpaid - £2224.37 and 1 individual was overpaid - £3015.67
- December 2018 rotation – work schedule based on a 1:9 – salaries incorrect. 3 individuals were overpaid - £2825.50 and 5 were underpaid - £616.50
- The total cost to be re-paid to the Trust – overpayments £5841.17
- The total to the Trust – underpayments - £2840.87

The back pay for the August and December rotations were actioned, paid in January 2019 and backdated to August 2018.

Current Work Schedules and payment for ward trainees are correct, as checked by Medical Workforce, and have been sent to their Lead Employer.

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	16	16	0	259.5	259.5
General Medicine	125	125	120	526.5	526.5

d) Locum work carried out by trainees

The above shifts have been filled internally by existing junior trainees or by agency. The cover required is related to sickness, a vacancy in the rotation and special circumstances.

e) Vacancies

From December 2018 there was a 2.6 whole time equivalent (WTE) 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. This rota remained compliant with 2016 T&Cs but in view of the gap a full-time Locum was employed from 07/01/19 till 22/02/19 meaning the staffing level was 9.6 WTE during this period. This fulfilled the required establishment of 9 for Junior Medical Trainees covering the wards.

At the start of March 2019, 3 ward doctors (GP trainees) completed their attachment at CCC but were only replaced by 2 GP trainees joining. However, a Clinical Fellow was recruited and commenced late February maintaining the required establishment of 9.

There are now 6 gaps in the Clinical / Medical Oncology Specialty Trainees staffing due to trainees being out of programme (OOP) on Research 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 2 OOP trainees.

f) Fines

There were no fines incurred in this quarter.

g) Haemato-Oncology

Haemato-Oncology Exception Reporting is undertaken through RLUBHT system until such time as the physical relocation of CCC to Liverpool site, but shadow monitoring is still undertaken to ensure oversight of any issues arising. There was one ER raised within Haematology during this quarter regarding Hours & Rest; an outcome from this is awaited.

Qualitative information

The Guardian of Safe Working has been introduced to the new GP trainees in February and they are aware of the processes around Exception Reporting.

The Oncology Specialty Trainees felt unclear about the ER process and a copy of the teaching presentation delivered to them in September 2018 was re-sent. No further queries were raised.

DRS4, the software system for the General Medical Rota and ERs, was previously not notifying Educational Supervisors and Guardian of Safe Working when ERs had been raised; this has been rectified.

All Trusts should host a Junior Doctors' Forum (JDF) as a Trainee-led forum open to all non-Consultant grade doctors at the Trust, supported by the Director of Medical Education, Guardian of Safe Working Hours, representatives from Medical Workforce and BMA representative. This had lapsed at CCC due to the previous Trainee doctor leading moving onto a different role. The JDF for trainees has been re-established with a selected trainee to lead. JDF meetings restarted in January 2019 and quarterly meetings are now being held.

Issues arising

Sixteen ER's (raised regarding Hours & Rest) during this quarter is a significant number. The ward trainees have been encouraged to hand over outstanding work to the out-of-hours on-call team at 5pm to facilitate timely completion of work but still feel the work required means they are frequently unable to leave on time.

In view of the frequent ERs, the issue was highlighted to the Clinical Director for Integrated Care who is undertaking a piece of work to ascertain the number of ward doctors to cover the clinical requirement and workload. This includes allowing time for training opportunities and factoring in annual and study leave requirements.

The structure of medical training is changing from August 2019 and this may also need to be factored in and is under consideration with the Director of Medical

Education and other Education Leads at the Trust.

The Oncology Specialty Trainees have raised a number of issues regarding the intensity of their out-of-hours work and payment. To date, they have opted to organise their own out-of-hours rota (which is a non-resident on-call) that is then forwarded to Medical Workforce for publication with other rotas in advance.

An external Medical Workforce Project Consultant was working with Workforce and Organisational Development between August 2018 and January 2019 and advised that the rota was incorrect, in that it should be for the establishment number of trainees (i.e. the number of Oncology Specialty Trainees employed within the region) rather than the number available to contribute to the rota in any given month. This would mean there would be gaps within the rota and the Trust was advised these gaps should be filled with Locum cover.

Medical Workforce have been working with Oncology Trainees on producing a new rota using the software utilised for other rotas in the Trust. Meetings between the trainees, Medical Workforce, Director of Medical Education and GOSWH regarding this are on-going. The Trust has made a substantive appointment for a Senior Lead for Medical Workforce to support the 2 Medical Workforce Administrators and it is anticipated they will have significant input into future medical rotas.

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 during this time period.

Within this organisation, 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; however, the high number of ER from ward doctors means the Integrated Care Directorate has been asked to review staffing numbers. It is noted that the Oncology Specialty Trainee out-of-hours rota is undergoing a process of re-organisation and their payment may need review also.

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. Their clinical rotations are organised regionally and their rotas are part of The Royal Liverpool University Hospital junior doctor's rotas.

Further monitoring of doctors in training at Clatterbridge Cancer Centre will be continued as part of an on-going process.