



**Report Cover Sheet**

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|-----------------------|--|---------|
| Report to:            | Board of Directors   |         |
| Date of the Meeting:  | 25 September 2019  |         |
| Agenda Item:          | P1/185/19  |         |
| Title:                | Quarterly Report on Safe Working hours: Doctors and Dentists in Training |         |
| Report prepared by:   | Dr Neeraj Bhalla, Guardian of Safe Working                               |         |
| Executive Lead:       | Sheena Khanduri, Medical Director  |         |
| Status of the Report: | Public   | Private |
|                       | X  |         |

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

|   |   |
|---|---|
| Purpose of the Paper/Key Points for Discussion: | <p>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.</p> <p>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.</p> |
|---|---|

|                  |                        |   |
|------------------|------------------------|---|
| Action Required: | Discuss                |   |
|                  | Approve                |   |
|                  | For Information/Noting | X |

|                     |   |
|---------------------|---|
| Next steps required | 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. |
|---------------------|---|

*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</b> patient <b>care</b> |   |
| <b>Retain</b> and <b>develop outstanding staff</b>  | x | Be <b>enterprising</b>  |   |
| <b>Invest</b> in <b>research &amp; innovation</b> to deliver <b>excellent</b> patient <b>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

| 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.   | x           |
| 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.   | x           |

### 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:** Quarterly Report on Safe Working Hours: Doctors and Dentists in Training

**AUTHOR:** Dr Neeraj Bhalla

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

**FOR:** Information / Discussion

### Executive summary

This report covers the period April 2019 – July 2019.

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 working alongside them and on the same rotas not on this contract and who remain 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):                 | 22                          |
| Number of doctors / dentists in training on 2016 TCS (total):     | 11                          |
| Amount of time available in job plan for guardian to do the role: | 0.5 PA (2 hours per week)   |
| Admin support provided to the guardian (if any):                  | As required                 |
| Amount of job-planned time for educational supervisors:           | 0.25 PA per trainee advised |

#### a) Exception reports (with regard to working hours)

There are 7 exceptions reports for this period:

|    |          |       |     |                    |
|----|----------|-------|-----|--------------------|
| 1. | 08/04/19 | 58079 | CMT | Hours & Rest (1.5) |
| 2. | 08/04/19 | 58252 | F2  | Hours & Rest (2)   |
| 3. | 09/04/19 | 58253 | F2  | Hours & Rest (1)   |
| 4. | 10/04/19 | 58254 | F2  | Hours & Rest (0.5) |
| 5. | 15/04/19 | 58433 | F2  | Hours & Rest (1)   |
| 6. | 20/05/19 | 61363 | F2  | Hours & Rest (1)   |
| 7. | 13/06/19 | 61362 | F2  | Hours & Rest (2.5) |

Time off in lieu for the extra hours worked was awarded for the Exception Reports; 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. All Exception Reports related to the ward trainees.

There were no reports related to missed educational opportunities from either ward trainees or Oncology speciality trainees.

#### 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/1b from June | Avg. 40<br>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      | F2 / GP / CMT | 45.50          | 1 in 5              | Avg. 45.41<br>Max. 61.50 | Y                                       |

Monitoring of hours worked for the junior doctors on the 2002 contract has not been undertaken since 2016 which was met with a non-compliant return from the trainees. However, it is good practice to regularly monitor the hours of trainees on this contract and a round of monitoring will take place after the junior doctor changeover in September 2019.

#### c) Work schedule reviews

Based on an out-of-hours working diary exercise held in April 2019, the banding of Oncology trainees on the 2002 contract has been increased from 1C to 1B and Lead Employer informed to amend this from 1/5/19. This exercise also demonstrated changes required to the Work Schedules for Oncology

trainees on 2016 contract regarding higher intensity of out-of-hours work and so Work Schedule Reviews were undertaken and forwarded to lead employer.

**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 | 18                         | 18                      | 0                                | 269                       | 269                    |
| General Medicine                     | 206                        | 206                     | 201                              | 2610.5                    | 2610.5                 |

**e) 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, additional support on the rota for the junior doctors and trainees unable to carry out on calls.

**f) Vacancies**

There were 2 substantive vacancies during this quarter due to ST3+ trainees completing their training or moving posts. There are currently eleven gaps 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 hours and results in Consultants not having the support of these doctors in their clinics. The on-call out of hours rota however does include four trainees who are currently out of programme from their training posts.

From April 2019 there has been 9.8 WTE on the medical (ward) rota supported with an additional 2 WTE agency locum doctors. Three doctors have been removed from on call in the time period due to pregnancy, sickness and training issues.

**g) Fines**

There were no fines incurred in this quarter.

**h) 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 were no Exception Reports raised by Haemato-Oncology during this quarter.

### **Qualitative information**

As Guardian of Safe Working I introduced myself to the new ward doctors at April 2019 induction program and they are aware of the processes around Exception Reporting. No issues were raised by them at Induction. Following a few early Exception Reports I met with all the ward doctors, together with the DME, college Tutor and CD for Integrated Care to spend time discussing the role and responsibilities of the ward doctors as well as the structure of senior support for them and how to access this as well as discussing methods of working on the ward, how to prioritise jobs and handing over to on call teams. The doctors reported this was a helpful meeting and reduced anxieties they had been feeling about the new job.

Having re-established the Junior Doctors' Forum this year, I attended the April 19 meeting and discussed with Oncology Trainees the rotas, they also had an opportunity to discuss issues regarding pay and banding.

### **Issues arising**

There has been a reduction in Exception Reports compared to the last quarter (Q4 2018/19) and is more in line with previous quarters. Work continues on recruitment and staffing as well as looking at non-medical roles to support the junior doctor roles.

Changes have been made to Oncology Trainees' out-of-hours payment to reflect the increased work undertaken, something they have been raising as an issue, and the Trust has worked with them to resolve satisfactorily.

### **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 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.