



### Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	25 September 2019	
Agenda Item:	P1/183/19	
Title:	Junior Doctors Action Log	
Report prepared by:	Angela Wendzicha, Associate Director Corporate Governance	
Executive Lead:	Sheena Khanduri, Medical Director	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Integrated Governance Committee Quality Committee
Date & Decision:	2 September 2019 – noted 11 September 2019 – noted

Executive summary/key points for discussion:	<p>The Junior Drs presented at Trust Board in June 2019. A number of issues were highlighted resulting in the attached action plan.</p> <p>The attached action plan provides the Board with an update on actions taken as a result of the issues highlighted.</p>
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Action Required:	Discuss	X	Receive	
	Approve		Note	X

Next steps:	The Junior Drs are planned to return to Trust Board in January 2020.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>		Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	
<b>Retain and develop outstanding staff</b>	√	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>	

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		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.

Issue	Challenge	Action	Action Lead	Deadline	Update / Comments
Speciality Registrars (SpR)	<b>Workforce pressures:</b> X5 SpR rota gaps/ providing cover up, down, and across colleagues, often to the detriment of training / Regional oncall service commitment / Clinical commitment / Teaching and training of junior doctors and medical students <b>Suggested solution:</b> i. Be actively involved in managing on-call rotas ii. adapt work schedules & rotas to reflect and meet the need of changing service iii. Re-instate SpR Ward Rotation to provide ward junior doctors with a more team approach to support their training and improve their experience	Medical Workforce to scope out and consider with Cohort	Jo Kenyon	11/09/2019	<b>Specialist Registrar rota now on the wards; Trainees to shadow senior leaders</b>
	<b>Recognition:</b> Feeling undervalued and not recognised for high level of service provision, and not recognised by the Trust as a group <b>Suggested solution:</b> i. Speciality Trainee Representation at Trust Committees, to help make changes and involve junior doctors in Trust decision making	Committee structure to be reviewed for appropriate meetings for junior doctor attendance	AW / Exec Team	11/09/2019	<b>Junior dr to be invited to attend Patient Experience Committee. AW contacted the Training Directors with meeting schedule and request Specialist Reg on rotation to committees.</b>
	<b>Improve Teaching and Training Opportunities:</b> General teaching is good but can be improved and brought more in line with teaching received by oncology trainees across the country <b>Suggested solution:</b> i. Facilitate designated Thursday afternoon teaching & training more appropriately; ii. Clinical Oncology trainees – FRCR exam focused teaching from day 1, radiotherapy planning teaching and peer review of radiotherapy plans; iii. Improving journal club	To be scoped with Medical Education	Alison Coackley	11/09/2019	<b>Weekly Consultant led training in place.</b>
	<b>Peer support:</b> there is concern that the SpR room will be lost during the relocation to Liverpool. Peer support is essential to well-being and productivity in a pressurised and emotionally stressful job <b>Suggested solution:</b> i. To actively engage in planning of the doctors mess and library at the new Liverpool site  ii. Consider establishing formal support group e.g. lunch club, Balint groups or clinical supervision – to debrief in a safe and mentored environment	Confirmation to be sought on accommodation arrangements at CCC Liverpool  Cohort to consider peer support group options with Medical Education	Fiona Jones  Alison Coackley	11/09/2019  11/09/2019	<b>Complete - accomodation has been allocated in CCC Liverpool</b>
Ward Junior Doctors Workforce	<b>Workforce pressures:</b> Concerns that the ward staffing level of cover provided due to rota gaps can be dangerous. There is no continuity of cover and no one can get enough clinic exposure. This also causes challenges to fulfil training requirements, which can cause additional stress and pressure. <b>Suggested solution:</b> i. Minimum of 12 doctors on the Rota / More Non-medical prescribers and/or Physician Associates on the ward; ii. Advance plan for rota gaps by offering locum shifts to trust doctors or locum agencies; iii. Work schedule to include outpatient exposure iv. A Ward Registrar position would help ease some pressure	a. Staffing concerns to be considered with Medical Workforce  b. Training requirements and need for clinical exposure to be considered with Medical Education	Jo Kenyon  Alison Coackley	11/09/2019  11/09/2019	<b>One appointment recently made with a business case for 4 additional trainees approved at TEG in September.</b>
	<b>Consultant support:</b> Dependent on the Consultant, the level of support varies weekly; there can be a lack of formal communication and a lack of communicated senior clinical decision making <b>Suggested solution:</b> i. Change the culture / mind-set of Consultant of the week; ii. Regular Consultant of the week review of ALL inpatient (Monday + Friday); iii. An anonymous way for junior doctors to provide feedback – maybe a weekly survey; iv. Communications to stay within local IT system and more real time documentation	a. consider further with Medical Education  b. IT solutions to be considered for anonymous feedback and local IT system communications.	Alison Coackley  Jo Kenyon	11/09/2019	<b>Medical Director has met with the drs who presented to Board; positive feedback from them on actions taken. Specialist Registrar attendance at ward rounds improving the quality. Jo Kenyon scoping positive feedback tool.</b>
	<b>Inadequate facilities:</b> The current doctors mess at CCC Wirral is not fit for purpose: i.e.: i. broken kitchen equipment (fridge broken for 6 months) ii. insufficient kitchen space, food prep area next to toilet entrance, iii. no fan or air-conditioning and an a lack of accessible ventilation, iv. 1 computer, v. lack of sufficient seating. <b>Suggested solution:</b> For junior doctors' wellbeing to be supported by renewed break facilities at CCC Wirral.	a. Order new Fridge b. Source air conditioning, or alternative, provision c. Consider possibility of additional seating d. Review possible provision of additional IT requirements e. Deep clean doctors mess	Joan Spencer	11/09/2019 11/09/2019  11/09/2019 11/09/2019	<b>All actions completed</b>