

Junior Doctors Contract Guardian of Safe Working Report

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Trust Board paper L

Executive Summary

The Trust is implementing the 2016 Junior Doctors Contract in line with the national requirements and timescales set out by NHS Employers.

Transition to the contract commenced on 7th December 2016 and is progressing well at UHL. A total of 266 doctors have now transferred with the largest transition to the new contract set to take place on 2nd August 2017.

Context

This report has been produced in line with the requirements of the 2016 Junior Doctors Contract whereby the Guardian of Safe Working (GSW) will provide a quarterly report (June, September, December and March) on the management of Exception Reporting and rota gaps. The format of the report is in line with national requirements.

To date 129 exceptions have been recorded.

Questions

1. What is the current position on the implementation of the Junior Doctors Contract at UHL?
2. Does the Trust have a procedure for managing Exception Reports in place and how many Exception Reports have been received at the Trust from 7th December 2016 to date?
3. How many rota gaps exist on rotas which have transferred to the new contract?

Conclusion

1. The Trust is making good progress towards implementation of the 2016 Junior Doctors Contract. A total of 266 doctors have now transferred to the contract with the largest transition set to take place on 2nd August 2017 when approximately 600 doctors will transfer to the new contract.
2. An Exception Reporting procedure has been agreed by the Task and Finish Group and has been in operation from 7th December 2016. To date 129 exceptions reports have been recorded. Three are related to education issues and others relate to work patterns.

3. There were 24 gaps on rotas which have transitioned to the contract. The majority of these gaps are being managed by backfilling with locum doctors. Recruitment is on-going to fill gaps.

Input Sought

We would like the Trust Board to note the progress being made and provide feedback if required.

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed’	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes /No /Not applicable]
If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]
If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [NA]
4. Results of any **Equality Impact Assessment**, has been undertaken and shared with the Executive Workforce Board on 17th January 2017.
5. Scheduled date for the next paper on this topic: Sept 2017
6. Executive Summaries should not exceed **1page**. [My paper does comply]
7. Papers should not exceed **7 pages**. [My paper does comply]

1. Introduction

- 1.1 Transition to the contract commenced on 7th December 2016 and is progressing well at UHL. A total of 266 doctors have now transferred with the largest transition to the contract set to take place on 2nd August 2017, when approximately 600 doctors will transfer to the new contract.
- 1.2 In line with the requirements of the contract the Guardian of Safe Working (GSW) will provide a quarterly report (June, September December and March) with the following information:
 - Management of Exception Reporting
 - Work pattern penalties
 - Data on rota gaps
 - Details of unresolved serious issues which have been escalated by the Guardian
- 1.3 The emphasis of this report is based on doctors who have already transitioned to the new contract. This includes all FY1 doctors and doctors in training working in Pathology, Paediatrics and Surgery, in line with national transitional timescales.
- 1.4 In addition the GSW shall provide a consolidated annual report on rota gaps and the plan to reduce these gaps shall be included in a statement in the Trust Quality Account.
- 1.5 These reports shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum.
- 1.6 The Board is responsible for ensuring the required reporting arrangements are in place. This includes annual reports to external bodies (including Health Education England East Midlands, Care Quality Commission, General Medical Council and General Dental Council).

2. Exception Reporting

- 2.1 Exception Reporting replaces monitoring as the mechanism for ensuring safe working patterns. Dual arrangements are currently in place as separate monitoring arrangements are required for junior doctors contracted in keeping with the 2002 Junior Doctors Contract.
- 2.2 In line with the Trust procedure for Exception Reporting, approved by the Task and Finish Group and in operation, doctors that have transitioned to the new contract will raise Exception Reports using a web based package.
- 2.3 There was some concern expressed by the Trust Junior Doctors Forum in relation to junior doctors' perception of senior support for the exception reporting system. The GSW and Catherine Free, Deputy Medical Director have written to all consultants outlining the importance and UHLs support for junior doctor exception reporting.

- 2.4 At the time of writing this report on 17th May 2017, 129 Exception Reports have been received of which three are related to educational opportunities and the remainder relate to work pattern issues. A summary of the Exception Reports received are provided in the table below:

Specialty	No. of Work Pattern Exceptions	No. of Education Exceptions	Total
Medicine	68	1	69
Surgery (General & Vascular)	31	1	32
Urology	14		14
Respiratory and Cardiology	8	1	9
Orthopaedics	2		2
Obstetrics and Gynaecology	1		1
Neonatal Transport	1		1
Congenital	1		1
Total	126	3	129

- 2.5 The reports received to date have been recorded by 30 doctors. A summary of the outcomes of the Exception Report reviews is provided in the table below:

Outcome	Number of Exceptions
Compensation: Time off in lieu	70
Compensation & Work schedule review	3
Compensation: Overtime payment	7
Closed with no further action	3
Request for more info (awaiting further response from junior doctor)	27
Further Investigations	14
Pending outcome	5
Total	129

- 2.6 Where time of in lieu is being allocated as compensation, it is important that TOIL time is scheduled immediately or as soon as possible after the extra time is worked. If it is not possible to schedule and/or take TOIL within a reasonable time frame and certainly by the end of the junior doctors current rotation then payment should be made as a form of compensation.

3. Work Schedule Changes

- 3.1 A work schedule review was undertaken and changes made to the work pattern of one FY1 doctor following a number of Exception Reports recorded of long hours being worked.

- 3.2 A number of recent Exception Reports in one Service has highlighted a particular problem with the work pattern, which has been reviewed at a meeting with the Head of Service, doctors in training and Medical Human Resources. It was agreed that a period of audit would be undertaken to assess the rest achieved when doctors are working on a non-resident on-call rota. The outcome of this audit will indicate if a work schedule review /work pattern change is required.

4. Rota Gaps

- 4.1 For the purpose of this report the gaps are being reported for the period 1st February to 31st May 2017 for the areas where doctors have transitioned to the new contract. This includes all FY1 doctors and doctors in training working in Pathology, Paediatrics and Surgery. In total there are 24 rota gaps, details which are listed in appendix 1. Recruitment is on-going to fill these gaps in line with CMG plans. Where this has been unsuccessful alternative solutions are sought i.e. on call hours only or alternative cover arrangements are put in place.
- 4.2 It is worth noting that of that 7 of these posts are new posts, linked to the transfer of vascular surgery from the LRI to the GH site.
- 4.3 In the first instance almost all junior doctor vacancies are advertised in order to fill the post, however this is not always successful and therefore there is a requirement for internal and external locum backfill.
- 4.4 The Trust has an active rolling recruitment programme for FY2/Core Training posts offering 12 month posts in various specialities. This programme is being extended to create 12 month fixed rotational posts which we hope will attract additional applications. It is important that CMGs work closely with Recruitment Services to actively fill gaps.

5. Conclusion

- 5.1 The implementation of the 2016 Junior Doctors Contract is progressing well, overseen by the Task and Finish Group.
- 5.2 The next Guardian of Safe Working report will be provided in September 2017.
- 5.3 All exceptions have been handled appropriately and numbers are considered to be relatively low so far, with no financial penalties imposed.

6. Recommendations

- 6.1 Trust Board members are requested to note the information provided in this report.
- 6.2 Trust Board members are requested to provide feedback on the paper as considered appropriate.

Appendix 1**Junior Doctor Gaps from 1st February to 31st May 2017 for:**

- All FY1s
- Doctors working in Paediatrics, Surgery and Pathology

Grade & Specialty	Vacancy period	Action to fill the vacancy- posts in recruitment or unsuccessful and alternative actions in place.
FY1 Chemical Pathology	4 months	Out of hours duties being backfilled with locum doctors
CT ENT Trust Grade	4 months	Post advertised on two occasions. Job description is being reviewed to make the post more attractive. In the interim out of hours duties backfilled with internal and external locum doctors
ST3+ ENT Trust Grade x 2 posts	6 months	These posts do not provide out of hours cover and therefore will remain unfilled.
ST3 Histopathology	12 months	This post does not provide out of hours cover and therefore will remain unfilled.
ST1 Microbiology	9 months	Out of hours duties being backfilled with locum doctors
FY2 Ophthalmology	4 months	Supernumary training post, therefore not backfilled
CT1 Orthopaedics Trust Grade	12 months	Job description being reviewed by the Service
FY2 General Paediatrics	3 months	Out of hours duties backfilled with internal and external locum doctors
CT1 General Paediatrics	3 months	Out of hours duties being backfilled with locum doctors
ST4+ Paediatric x 2 posts	6 months	Both daytime and out of hours duties cover with locum doctors
CT1 Paediatric Surgery	6 months	Doctor has been appointed and is commencing June 2017. In the interim the out of hours duties have been backfilled with locum doctors
CT1 Paediatric Cardiology Trust Grade	6 months	Full time locum doctor appointed to mid May 2017, thereafter out of hours duties backfilled with locum doctors
CT1 Surgery Trust Grade x 5 posts	3 months	Out of hours duties being backfilled with locum doctors
ST3+ Fellows Vascular x 2 posts	3 months	Out of hours duties being backfilled with locum doctors
ST4+ Neonates	4 months	out of hours duties backfilled with locum doctors and advanced nurse practitioners
FY2 Surgery x 2 posts	4 months	Full time agency doctors employed
FY1 Surgery	4 months	Out of hours duties being backfilled with locum doctors