

## Board of Directors' Meeting Report – 5 September 2017

### Agenda item 72/17

<b>Title</b>	Annual Report – Exception Reporting Safe Working – Doctors in Training 2016 T&Cs
<b>Sponsoring Director</b>	Neil Rothnie – Medical Director Celia Skinner – Chief Medical Officer
<b>Author(s)</b>	Praveen Bandipalyam – Guardian of Safe Working Nicola Jones – Doctor in training hours officer Clare Harris – Medical HR manager
<b>Purpose</b>	To provide Board with assurance in relation to Doctors in Training Rota Gaps, additional hours worked due to patient safety concerns.
<b>Previously considered at</b>	N/a – New report in line with implementation of new Jr Dr Contract 2016
<b>Executive Summary</b>	
<p>The Junior Doctor contract was implemented in August 2016 with the first transition of doctors onto the new Contract in December 2016. A contractual requirement is to provide a quarterly report on exceptions and fines incurred by the Trust. Currently the quarterly report is presented at LNC and the Junior Doctor Forum (Constituted membership). To date (April to July 2017) the Trust has made financial payments totalling £1,871 (excluding any on costs) to doctors who have had to work additional hours due to patient safety concerns. No fines have been incurred by the divisions to date.</p> <p><b>Issues:</b></p> <p>Rota gaps continue to be a concern for the Trust, a number of rotas are supported by Trust doctors and the Recruitment team are working hard with divisions to fill vacancies.</p> <p>Rota redesign, some rotas have required redesign to ensure they are compliant with the new contract.</p> <p>Rota Coordinators, failure of rota coordinators to understand the implications is if they change rota patterns, there is a risk if changes happen doctors will be working on non-compliant work patterns.</p> <p><b>Actions</b></p> <p>Recruitment have action plans in place and are proactively recruiting to medical vacancies</p> <p>All rotas are compliant with 2016 T&amp;Cs and changes addressed with the Doctor in training officer.</p> <p>A training session is being planned for rota coordinators to provide examples of how changes can impact on T&amp;Cs.</p> <p>All exception reports are reviewed and patterns are addressed by the Guardian of Safe working, this has resulted in a re-design of 4 rotas within the Trust.</p>	
<b>Date Reviewed by SLT &amp; JEG</b>	24 August 2017
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff

	Financial and Operational Sustainability – Financial, Operational, Estate
<b>Related Risk</b>	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable Risk 5 – Inability to recruit and retain staff
<b>Essex Success Regime</b>	Does this proposal have any implications for the other Trusts within the Essex Success Regime (BTUH and MEHT) or for the Mid and South Essex health economy as a whole?  All 3 Trusts are required to provide quarterly reports and an annual report.
<b>Legal implications / regulatory requirements</b>	Contractual in line with 2016 T&Cs
<b>Quality impact assessment</b>	To ensure the Trust is responsive to national requirements in line with T&Cs
<b>Equality impact assessment</b>	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
<b>Recommendations:</b> The Board is asked to receive assurance from the report.	

## 1. Executive summary

NHS England introduced a new contract for Doctors in Training as of August 2016, transition to the new contract commenced in December 2016. This transition has been a phased process over the past 12 months with the final transition taking place in October 2017. In line with the timetable for transitioning onto the new contract the Trust has been working to embed the new Junior Doctor Contract. In line with contractual obligations the Trust has set up and manages an exception reporting process which enables us to monitor Rota's, Hours and Rest. The exception process allows us to work closely with the Clinical Services to identify areas of concern and review Rota gaps and compliance concerns.

The essence of the report is to identify and ensure Trust compliance with NHS guidelines for the implementation of the new TCS as outlined in Appendix 1.

Due to the transition period and embedding of the new processes, figures for exception reporting and shift coverage is only available for quarter 4 (May 2017 to July 2017), however we have reported trainee Rota gaps for the full year.

All Rota's have been redesigned and implemented to ensure they are compliant with the new contract, in addition there is a constituted Junior Doctor Forum, which is chaired by the Guardian of Safe Working, which enables the doctors in training the freedom to raise concerns and discuss what is and is not working well in terms of the new contract, Rota's and any issues linked to service delivery and / or their training experience.

The board needs to be aware that a number of the Rota's are supported by Trust Grade doctors (Doctors not in training schemes) and the current vacancy rate (c16%) amongst the medical workforce has had an impact on the delivery of doctors in training adhering to their Rota pattern resulting in additional hours worked either as an exception due to patient safety, or via volunteered additional hours on the medical staff bank.

## 2. Introduction

The annual reports purpose is to provide the Board with a summary of the Guardians quarterly reports over the previous 12 months. In line with change to the Doctors in Training Contract (2016) this will represent the period of August to July. A requirement of the 2016 T&Cs.

A consolidated annual report on Rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. A copy of this report shall also be provided to the LNC. The annual report may be requested by external bodies defined in the terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

## 3. High level data

Number of doctors / dentists in training (total):	151
Number of doctors / dentists in training on 2016 TCS (total):	113
Annual vacancy rate among doctors in training:	18%

#### 4. Annual data summary

##### 4.1. Total Trainees within the Trust

Specialty	Grade	Quarter 1 Aug 2016 to Oct 2016	Quarter 2 Nov 2016 to Jan 2017	Quarter 3 Feb 2017 to Apr 2017	Quarter 4 May 2017 to July 2017	Total gaps (average WTE)
A&E x 14	F2, ACCS,CT3+,ST3+	11	11	11	11	3
Anaesthetics x 15	ST1/2,ACCS,ST3+	14.4	15.4	14	13	0.8
General Medicine x 55	F1,F2,ST1/2,ST3+	52	48	48	48	5.75
ENT x 2	ST2,ST3+	2	2	2	2	0
General Surgery x 17	F1,F2,ST1/2,ST3+	17	18	18	17	+0.5
Heamatology x 3	CMT,ST3+	3	3	3	3	0
Obs & Gynae x 28	F2,ST1/2,ST3+	5	5	7	7	1
Oncology x 10	F1, CMT,ST3+	10	9	9	9	0.75
Ophthalmology x 3	ST1/2,ST3+	3	3	2	2	0.5
Orthopaedics x 9	F2,ST1/2,ST3+	8	9	7	6	1.5
Palliative Care x 2	ST4	2	2	2	2	0
Paediatrics x 16	F2,ST1/2,ST4+	15	13.8	13	11	2.8
Psychiatry x 5	F2	5	5	5	4	0.25
Radiology x 4	ST1/2, ST3+	4	4	4	4	0
Sexual Health x 1	F2	0	0.5	0.5	0.5	0.5
Stroke x 1	ST3+	0	0	0	0	1
Urology x 5	F1,F2,ST1/2,ST3+	5	5	4	4	0.5
Vascular x 6	F1,F2,ST1/2,ST3+	6	6	6	6	0
<b>Total (195)</b>		<b>162.4</b>	<b>159.7</b>	<b>155.5</b>	<b>149.5</b>	<b>18.85</b>

## 4.2. Trainees outside the Trust overseen by the Trust Guardian

Specialty	Grade	Quarter 1 Aug 2016 to Oct 2016	Quarter 2 Nov 2016 to Jan 2017	Quarter 3 Feb 2017 to Apr 2017	Quarter 4 May 2017 to July 2017	Total gaps (average WTE)
GP trainees x 116	ST1/2	27.2	25.7	24.8	26.9	2.85
Public health trainees x 4	F2	1	1	1	1	0

## 5. Issues arising

Trainee vacancies: The trainee vacancies have been a result of Health Education England being unable to fill all the roles, last minute changes to rotation due to Training Programme Directors making or agreeing changes to placements and maternity leave.

Rota gaps remain challenging and as such made an impact on the amount of exception reports generated. The most common reason for filing the report was deviation in the number of hours worked. The dashboard revealed that the majority of the reports were from Medical Directorate with some departments (Oncology, DME, Respiratory and Renal) being more commonly involved.

Rota coordinators enabling shift swaps which may have an impact on compliance in line with the new T&Cs.

## 6. Actions taken to resolve issues

There has been a significant change to the Medical recruitment function, which has enabled more proactive recruitment campaigns and a review of the processes used to recruit to fill both trainee gaps and Trust gaps. There has been a significant focus on using agencies to support with sourcing overseas doctors in addition to ensuring that we are sourcing new recruits locally and nationally.

There has been significant work linked to rota redesign and rota planning which has supported in addressing rota gaps and reviewing the skill mix required. There have been initiatives and changes linked to 'bleep free' periods as well as introduction of a 'Diary record' system to communicate Junior Doctor non-urgent jobs rather than bleep each time. Medicine has been the outlier in terms of exception reports and this is linked to their high vacancy rate, however medicine is a larger division with more specialties. The Division recognized a specific issue linked to recruitment and recruitment time lines and have appointed a division based recruitment lead (who sits within the division) to specifically focus on recruitment gaps and support with the recruitment process.

The Junior Doctors Hours / Rota compliance officer, has been regularly communication and meeting with the Divisions Rota coordinators to ensure they understand the implications of making changes to an existing Rota, a workshop is being developed to ensure Rota coordinators are trained appropriately in the health and safety risks to the doctor and the financial risks to the organisation if the Trust fails to comply with the 2016 T&Cs.

## 7. Summary

Overall the Trust has worked strategically to ensure that the 2016 T&Cs have been embedded appropriately within the organisation. The Trust is able to demonstrate compliant Rota's as a result of Rota redesign whilst there is still room for improvement in terms of reducing the Trust vacancy rates the Trust is able to demonstrate that it has embraced the new contract and worked hard with Doctors in Training to ensure that they have felt supported during this period of transition.

The Juniors Doctors Forum quarterly meetings ensure that issues are identified and acted upon and gives voice to all specialties so as to ensure amicable resolution and compliance ensuring safety (Both employee and patients) along with access to appropriate training.

## 8. Questions for consideration

Board to note the report and to consider the above.

### **Appendices**

#### **Appendix 1 Junior Doctors T&C 2016**

<http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3>

*As indicated in the report links to quarterly reports and charts; for information.*

<Z:\Guardian of Safe Working\reports\JDF charts for annual report december 2016 to july 2017.xls>

<Z:\Guardian of Safe Working\monthly annual and quarterly reporting\Quarterly report\quarterly report for Guardians may 2017 to july 2017.docx>