

Junior Doctors Contract Guardian of Safe Working Report

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Trust Board paper N

Executive Summary

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

The transition to the new contract at commenced on 7th December 2016, when 105 Foundation Year 1 doctors and 1 Foundation Year 2 doctor transferred to the new contract. A further 93 doctors will transfer to the new contract in February and approximately 70 doctors will transfer to the new contract in April.

Context

In line with the requirements of the new Junior Doctor Contract 2016 contract whereby the Guardian of Safe Working will provide a quarterly report (March, June, September and December) on the management of Exception Reporting and rota gaps. The format of the report is in line with national requirements.

To date 57 exceptions have been recorded by F1 doctors.

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 exceptions in place and what number of exceptions received at the Trust from 7th December 2016 to date.
3. What are the number rota gaps on rotas which have transferred to the new contract.

Conclusion

1. The Trust is making good progress towards the implementation of the new Junior Doctors Contract. The transition commenced on 7th December 2016, when 105 transferred to the new contract. Approximately 200 doctors will transfer to the new contract between February and April 2017. The remainder of the junior doctors will transfer to the new contract in August 2017.

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 57 exceptions reports have been recorded. Two are related to education issues and others relate to work patterns.
3. There were 5 x F1 vacancies, majority of these posts have been filled with Trust Grade doctors via the Trusts own recruitment activity.

Input Sought

We would like the Trust Board to note and 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: June 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 The Trust has implemented the Junior Doctors Contract in line with national requirements and timescales set out by NHS Employers.
- 1.2 The transition to the new contract at UHL commenced on 7th December 2016, when 105 Foundation Year 1 doctors and 1 Foundation Year 2 doctor transferred to the new contract. A further 93 doctors will transfer to the new contract in February 2017 and approximately 100 doctors will transfer to the new contract in April 2017.
- 1.3 In line with the requirements of the new 2016 contract the Guardian of Safe Working (GSW) will provide a quarterly report (March, June, September and December) with the following information:
- management of exception reporting
 - Work pattern penalties
 - Data on rota gaps
 - Details of unresolved serious issues which has been escalated by the Guardian
- 1.4 This emphasis of this report is based on the F1 doctors who transitioned to the new contract on 7th December 2016.
- 1.5 In addition the GSW shall provide 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 Quality Account.
- 1.6 These reports shall also be provided to the LNC and the Trust Junior Doctors Forum.
- 1.7 The Board is responsible for providing annual reports to external bodies (including HEE EM, CQC, GMC and GDC).

2. Background - Implementation of the Contract at UHL

- 2.1 At UHL there are 121 full time rota templates of which 70% are non-compliant with the new regulations and will therefore need to be changed. Where rota template changes are required, meetings are being held with Junior Doctors, these meetings have been extremely useful as they provide an opportunity to provide background information and answering any questions raised.

- 2.2 The transition to the new contract is as follows:

Implementation Date	Transfer to the New Contract
Wednesday 7 th December 2016	All F1 doctors (and one F2 doctor)
February to April 2017	Doctors working in Paediatrics, Pathology and Surgery
August 2017	Majority of remaining doctors (except where rotation dates fall in September or October).

- 2.3 Task and Finish Group to oversee the implementation of the contract was set up in May 2016 (chaired by Catherine Free, Deputy Medical Director) which includes junior doctor representatives from the UHL Doctors in Training Committee and CMGs representatives. A detailed project plan has been developed for the implementation of the new contract which is reviewed and monitored through the Task and Finish Group.
- 2.4 In line with national requirements, a Trust Junior Doctors Forum has been established, the first meeting has taken place on Friday 3rd February 2017; further meetings will be scheduled in May, August and November 2017. The purpose of this forum is to:
- Support GSW and the Director of Medical Education by providing feedback on junior doctors work patterns in relation to safety, compliance and training.
 - Provide feedback on the management of exception reporting.
 - Have input on the distribution of monies drawn from fines.
- 2.5 The role of the GSW is to be responsible for protecting the safeguards outlined in the 2016 terms and conditions of service. Professor Sue Carr, Director of Medical Education and Dilesh Lakhani Deputy Director of Medical Education will continue to oversee the Training aspects of the contract, in addition they have also been identified as the Champions of Flexible Working.

3. Exception Reporting

- 3.1 Exception Reporting replaces monitoring as the mechanism for ensuring safe working patterns. Separate monitoring arrangements are still in place for junior doctors still working on the old junior doctors (2002) contract. Dual arrangements are currently in place.
- 3.2 Doctors who have moved onto the new contract will raise Exceptions using a web based package. Nationally there are two packages available for Exception reporting, we are currently using a package provided by Allocate Software.
- 3.3 Please refer to appendix 1, the Trust procedure for Exception Reporting, approved by the Task and Finish Group and in operation.

- 3.4 At the time of writing this report on 13th February 2017, 57 Exceptions have been received (all from F1 doctors) of which two are related to Education issues and the remainder relate to work pattern issues. A summary of the Exceptions received are provided in the table below:

Specialty	No. of Work Pattern Exception	No. of Education Exception	Total
Medicine	34	1	35
Respiratory and Cardiology	6		6
Obstetrics and Gynaecology	1		1
Surgery	13	1	14
Urology	1		1
Total	55	2	57

- 3.5 The exceptions received to date have been recorded by 15 doctors. One doctor has recorded 14 exceptions. In the nine week period of exception reporting, a high number (15) of exceptions were recorded during the period 5th to 11th January 2017.
- 3.6 The outcome of the Exception review has resulted in time off in lieu being provided for 44 exceptions and additional hours payment has been made for 3 exceptions. The payment for the 3 exception was for a total of 6 hours and 20 minutes.
- 3.7 Benchmarking with another local Trust of a similar size to UHL, has indicated UHL has received a significantly lower number of exceptions.

4. Penalty Payments

- 4.1 Financial penalty payments will be applied by the Guardian of Safe Working if the following regulations are breached:
- working week exceeding an average of 48-hour (across the reference period agreed for that placement); or
 - a breach of the maximum 72-hour limit in any seven days; or
 - the minimum 11 hours' rest requirement between shifts reduced to less than eight hours
- 4.2 The penalty payment is 4 x the doctors' hourly rate, paid by the CMG. The doctor will receive 1.5 x the hourly locum rate the remaining will be payable into a central pot held by the Guardian of Safe working.
- 4.3 If breaks have been missed on at least 25% of occasions across a four week reference period, a fine will be applied at twice the relevant hourly rate for the time in which the break was not taken.

4.4 The money raised through fines must be used to benefit the education, training and working environment of trainees. The guardian of safe working hours will devise the allocation of funds in collaboration with the Trust Junior Doctors Forum. The guardian's annual report will include clear detail on how the money has been spent.

4.5 To date no financial penalties have been applied.

5. Work Schedule Changes

5.1 At the time of writing this report no work schedule changes have been undertaken, however a meeting has been scheduled with two F1 doctors where the current pressures may require a work schedule review and changes to work pattern being introduced.

6. Rota Gaps

6.1 During the four month rotational period 7th December 2016 to 4th March 2017 there were a total of 5 x F1 vacancies. Four vacancies have been backfilled by Trust Grade doctors via the Trusts own recruitment systems and one post has been back filled with an Agency Locum doctor.

7. Conclusion

7.1 The implementation of the Junior Doctors contract is progressing well, overseen by the Task and Finish group.

7.2 A procedure for exception reporting has been agreed and implemented.

7.3 The next Guardian of Safe working report will be provided June 2017.

7.4 All exceptions have been handled appropriately and numbers are considered to be relatively low so far, with no financial penalties imposed.

8. Recommendations

8.1 Trust Board members are requested to note the information provided in this report.

8.2 Provide feedback on the paper as considered appropriate.

EXCEPTION REPORTING PROCEDURE AT UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

LEVEL 1

All Safety Concerns should be discussed with a Consultant ASAP.

Before working additional hours permission must be granted from a consultant (except when dealing with an Emergency)

Doctor records an Exception within 14 days or 7 days if additional payment is requested

DME or GSW informed

GSW to review. if penalty payments apply inform the Service Lead(s)

If necessary request further Information via package.
Nominated Service Lead to review and discuss the exception and agree outcome with the junior doctor within 7 days of submission.
Actions 1 and 2 must be completed

Training Exception → Service Lead Plan to manage exception → ES, CS and DME informed

Work Practice Exception → Doctors' choice → Yes → No further Action

Doctors' choice → No → Service Requirement → Offer of TOIL

One off Exception → Yes → No change to work schedule

One off Exception → No → Recurring Exception

Recurring Exception → Level 1 Work Schedule Review → Follow the Trust Process for changing rota templates if required

Offer of TOIL → If TOIL cannot be granted

If TOIL cannot be granted → Service Lead to obtain approval from Budget Holder

Service Lead to obtain approval from Budget Holder → Offer of Payment

Offer of Payment → Service Lead to send a formal response to the doctor via package

Service Lead to send a formal response to the doctor via package → Doctor to confirm Agreement within 14 days → Yes

Doctor to confirm Agreement within 14 days → No → Doctor to set out area(s) of disagreement and preferred outcome

Doctor to set out area(s) of disagreement and preferred outcome → Is the Service to offer an alternative option? If necessary gain approval → Yes → Service Lead arranges TOIL with the doctor and/or arranges payment → END CS, ES and DME or GSW informed

Is the Service to offer an alternative option? If necessary gain approval → No → Follow Level 2 Exception Reporting Procedure

Useful Information – In Relation to Exception Reporting

Reporting Exceptions
Via on-line package – mmlive.co.uk
Should you encounter any problems please contact your JDA or Allocate Support on 0844 417 9512

What is an Exception
When day to day work varies significantly and/or regularly from your work schedule and/or you are unable to take breaks.

Breaks
Entitlement is a 30 minute paid break for duties longer than 5 hours and a second 30 minute break for shifts over 9 hours.
Liaise with your colleagues to plan breaks. If you are unable to organise breaks please raise this with your consultant.

In Relation to Exception Reporting Service Requirement is:

- Clinical work requiring urgent action or an Emergency Situation.
- High workloads, which cannot be handed over to colleague(s). For this prior permission must be sought from a consultant.

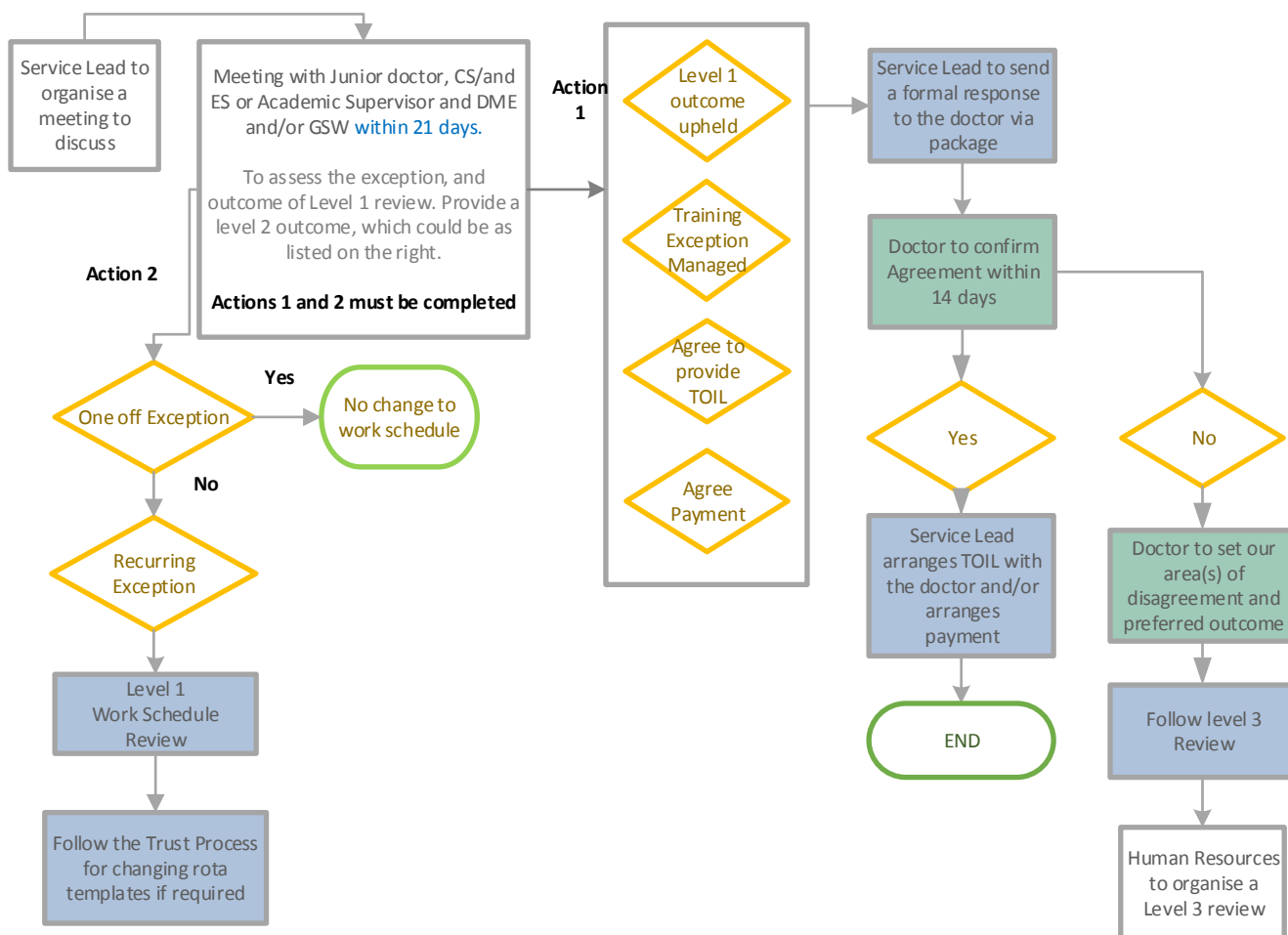
What is Classed as a Doctor's Choice
Doctor's choice to partake in additional activity which is not a service requirement (e.g. additional theatre session)

Time off in Lieu (TOIL)
TOIL should be scheduled by the Service at the earliest opportunity to avoid impacting on Educational sessions.

Abbreviations
Clinical Supervisor (CS)
Director of Medical Education (DME)
Educational Supervisor (ES)
Guardian of Safe Working (GSW)

EXCEPTION REPORTING PROCEDURE AT UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

LEVEL 2



LEVEL 3 DRAFT

