

Board of Directors (in Public)

Item 2.5*

Subject: Guardian of Safe Working Quarterly Report
Date of Meeting: Tuesday 24th November 2020
Prepared by: Fiona Ross, HR Business Partner
Presented by: Dr Raphael Perry, Medical Director
Purpose of Report: To Note

BAF Ref	Impact on BAF
DP1	Trust compliant with exception reporting. No change to risk rating. Potential financial risk and risk of losing junior posts if not compliant

1. Executive Summary

This is the 20/21 Q2 report on safe working hours following introduction of the 2016 contract for junior doctors.

At present LHCH has forty-eight trainees on the new contract currently on rotation at the Trust. All rotas are compliant with both the rules around the 2002 Junior Doctor Contract and also the 2016 Contract.

2. Background

The purpose of this report is to review the working hours of Doctors in training including exception reports, breaches of working hours, fines incurred and how these fines were levied.

Number of doctors / dentists in training (total):	48
Number of doctors / dentists in training on 2016 TCS (total):	48
Amount of time available in job plan for guardian to do the role: reviewed)	0 PAs (to be reviewed)
Admin support provided to the guardian (if any):	To be reviewed
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

3. Junior Doctor Contract 2016

a) Exception reports (with regard to working hours)

There have been no exception reports in Q2. Only one exception has been received since August 2016.

b) Issues arising

- Whilst there have been gaps within just a small number of rotas, this has not required the use of agency medics and no agency staff have been used to support medical rotas since March 2020.
- In October 2020 it became apparent that Anesthesia registrar doctors were working beyond the rota/work schedule and as such this working pattern breached the 2016 T&Cs Rota Rules which could have incurred a fine of three-times the hourly rate for the additional hours worked (9 doctors each week over 9-weeks). Once this was identified Consultant Medical staff worked with HR to amend the rota accordingly and allocate zero days into the working pattern to reduce the average hours over the rota cycle in order to prevent the breach.
- Lead Employer have commissioned a Collaborative Bank service which allows all trainees in the North West region to join and for Trust's to pay for their services in filling rota gaps in short term shifts. The consequence of this is that Lead Employer will no longer process the payroll of trainees who undertake Additional Shifts outside of rota templates and Trust have to decide whether to join the Collaborative Bank or ask trainees to join their own Trust Bank in order for additional shifts to be paid. A briefing paper will be shared with further information on this.

c) Actions taken to resolve issues

Recruitment continue to liaise with medical staff to ensure gaps in trainees are filled with Trust doctors progress of this is monitored via the bi-weekly MESS working group which also explores any alternative options in order to resolve these issues and review training opportunities for junior medical staff.

The Director of Medical Education monitors junior and Trust Doctor rotas to ensure service provision is safe, reducing and increasing First On Call rota accordingly.

4. Junior Doctor Forum

LHCH plan to hold quarterly Junior Doctor forum's which is a contractual requirement under the 2016 TCS. The last forum was held on 12th March 2020 and was chaired by Dr John Holemans in his capacity as Guardian of Safeworking. A JDF was arranged for June 2020 however as a result of COVID a decision was made in collaboration with Junior Medical staff to stand this down. The next meeting is being arranged after November rotation and is planned for December 3rd.

5. Revisions to the 2016 Junior Doctor Contract

Revisions to the 2016 contract in 2019 meant a number of changes:

- Increases to weekend and night shift (shifts ending after midnight and by 4am) pay
- £1,000 a year extra for all less than full time trainees
- A fifth nodal point on the pay scale at the level of ST6
- 'Section 2' transitional pay protection extended until 2025
- Improved GP trainee mileage and confirmed supernumerary status

- Improvements in rest and safety entitlements, with no more pay-to-stay when too tired to drive
- Contractualised NROC/LTFT rostering guidance
- Exception reporting for all ARCP/portfolio requirements
- Guaranteed annual pay uplift of 2 per cent each year for the next four years

The contract negotiations revised the restrictions set in working time for Juniors on the contract, include:

- Junior doctors will be entitled to 46 hours rest after any night shift – All junior Doctor shifts at LHCH currently have 48 hours rest after any night shift
- Trainees can be rostered for a maximum of 7 shifts on 7 consecutive days – all junior doctor shifts at LHCH are for a maximum of 7 days
- Trusts will now be required to pay for a trainees next journey to work, if their previous journey was paid for due to being too tired to drive home, and also provide free accommodation in certain circumstances where there are distance requirements for on-call doctors
- There are a number of new instances where a trainee can apply exception reporting and the scope for fines from guardians of safe working hours will be extended – no exceptions have been reported as yet
- Trusts are required to include local induction within work schedules – work schedules for LHCH trainees currently include local induction and EPR training.

6. Comments from Guardian of Safe Working

Its fortunate that the non-compliant anaesthetic rota was identified and that there was time to revise it before fines were incurred by the Trust. The Trust should try to avoid this situation recurring.

7. Recommendation

The Board of Directors is asked to note this report and the low incidence of exception reporting.