Guy's & St. Thomas' NHS Foundation Trust

JUNIOR DOCTOR'S FORUM

Minutes of the Meeting held on 12th December 2016, South Wing Lecture Theatre, St Thomas' with video link to the Sherman Centre, Guy's Hospital.

PRESENT	
Rosalinde Tilley (GOS)	Guardian of Safe Working (GOS - Chair)
Pauline Flockhart (PF)	Head of Medical Workforce
Claire Mallinson (DME)	Director of Medical Education
Catherine Cameron (CC)	Assistant Manager PGME (Minutes)
Mary Makinde (MM)	Project Support Officer (Minutes)
Representatives from:	
O&G	
Foundation Programme	
Trust doctors	
Cardiology	
Infectious diseases	
Paediatrics	
Allergy medicine	
Rebecca Ireson	LNC
Mark McInerney	LNC

1. APOLOGIES

Kevin O'Kane	LNC Chair
Clinical genetics representative	
Paediatric neurology representative	
Gastroenterology representative	
Clinical Pharmacology representative	

2. MINUTES & MATTERS ARISING

GOS welcomed everybody to the meeting and introductions took place.
The group were informed that O&G have been on the new contract since October and Foundation Year 1 Doctors joined the new contract in December.

This was the first meeting so there were no previous minutes to be agreed upon.

3. REPORT FROM GOS

- Exception Reporting: Volume, Process and Outcome

For the month of October there were 7 exception reports in total. Of the 7 reports, 6 were successfully closed with 1 requiring no action, 3 receiving payment and 2 receiving time off in lieu (TOIL). There is difficulty closing the last report, due to problems with the educational supervisor being incorrect, this was noted as a fault with the site. DRS have upgraded the system to prevent future problems, but have not currently supported the closure of ERs pre the upgrade. This should be possible this week.

There were no reports in November and 8 reports were submitted within the last week for December all from foundation training. (see appendix 1)

The group queried how supervisors and trainees have been educated in the exception reporting process

GOS explained that she has delivered specific exception reporting sessions to O&G to as a department and separate meetings to trainees and consultants. Drop in sessions have been offered but attendance was poor. The GOS has provided a session to F1s during their scheduled teaching. GOS and CM have also recorded a podcast and an e-learning module has been created. The GOS is also writing to all supervisors named in ES during this introductory period to provide support and information on the process.

ACTION: MM to distribute podcast to Reps

The online elearning module is on the elearning for health website;
You can sign up for a free account at http://portal.e-lfh.org.uk/ to access this session along with other e-learning programmes.
If you already have an account, the direct link to the session within this management system is http://portal.e-lfh.org.uk/Component/Details/442238 accessing the session this way will track a user's progress. This process is also described on the programme page http://www.e-lfh.org.uk/programmes/educational-and-clinical-supervisors/how-to-access/

The podcast can be found here: https://youtu.be/-cfHDh5aeaw

O&G Rep informed the group of how to complete an exception report, she mentioned that the form was straightforward but there are some problems. To complete the form, login from DRS site, there are 3 or 4 boxes to check off before describing the situation you are reporting. The form is strictly about facts but there is one ambiguous question 'Who did you let know at the time?' Apart from this reports consist of right level of information.

The GOS clarified that this box was to explain if the ER had been flagged to senior staff at the time of the incident. This may not always be practical particularly if out of hours and the trainee is the most senior person on site.

Once completed reports are automatically sent to the named Educational Supervisor (ES) and to the GOS. The report can be completed on a phone/tablet as well as a PC but it only works on Mozilla Firefox within the Trust. GOS informed the group that ES have 7 days to discuss the incident with the trainee upon receiving submitted reports, and this is a joint responsibility. Recompense would be either payment or TOIL. Reports that are likely to be part of a pattern should prompt a review of the trainees working schedule.

ACTION: Trainees should let the GOS know of any technical issues encountered with using the DRS system. GOS to feed back technical issues to Perri Olson (Medical Workforce Project Manager)

O&G rep asked about the inconsistencies/discreprencies of reporting. When should a trainee complete a report? Trainees have been informed that they can complete reports based on their own judgements but there is no clear structure or guidelines on what is deemed to be significant and therefore reported.

GOS said the significance of an incident and the decision to report would be based on the individual trainee and what is significant to them; it is dependent on the individual's situation and not on fixed criteria. Trainees should be free to make this decision. It is anticipated that trainees will use their professional judgement to decide what is significant and to take into account their entire working pattern.

A further concern was raised that O&G exception reporting may not be representative of all doctors working within a department due to the large number of trust doctors not able to exception report.

The GOS confirmed that trust doctors are not able to exception report as the contract and the DRS system specifically excludes doctors not in training from the process. The ER rate in O&G should therefore be representative of doctors in training working in the trust but would not include exceptional working by trust doctors. Trust doctors hours were previously monitored by their inclusion in the diary carding exercise undertaken for trainees; this would not now be undertaken

O&G representative asked how Trust Doctors would be protected as they made up a majority of the rota and would often face the same issues as Junior Doctors.

PF explained that trust doctors working hours are currently managed in the same way as other members of the healthcare team. Problems with their working pattern should be brought to the attention of their line manager (clinical lead/supervisor). GSTT is also working with trusts across London to agree on new contract arrangements for trust doctors, which may include mechanisms for monitoring hours.

The GOS has agreed to oversee any new process for monitoring trust doctors hours, but cannot personally provide resolution to all individually reported incidents across the trust. If trust doctors have significant problems in this area they should copy the GOS in to any communication with their line manager.

- Fines update/Accounts

As there were no fines, there was no need to discuss accounts.

GOS informed the group that Tom Davies (finance rep) is a member of the Junior Doctor Forum and hopes to attend future meetings. A new cost code has been created for the funding and fines of all exception reports. In the meantime GOS encouraged everyone to start thinking of how they would like to use fines in the future and these would be discussed at forthcoming meetings.

Information on how fines occur is available in the Junior Doctor Contract Handbook, the podcast and elearning modules.

ACTION: Reps to email Mary with any ideas of how to use fines raised.

4. JUNIOR DOCTOR REPORTS

- **Report from O&G**

Representative stated that the DRS system was easy to report exceptions. However if you are unable to access DRS system or your password does not work, you have to contact an administrator. The administrator only works Mon- Fri, 9-5. This should not be a problem given the timeframes for reporting (7-14 days) unless it involves a serious safety issue (48 hours).
The GOS advised raising the concern with the consultant clinical supervisor if a serious safety concern was not able to be raised due to login reasons. One trainee mentioned that meeting supervisors could be challenging.

GOS informed the group that any problems with the system should be reported to her or Perri Olson. Meeting supervisors did not need to be a face to face activity, and could be via telephone or other virtual mechanisms. The onus is on both trainees and supervisors to ensure meetings took place. The GOS is currently sending reminder emails to supervisors and copying faculty leads for each report until the system is embedded.

ACTION: GOS and MM to continue sending emails to Supervisors and copy in Faculty Leads to make

sure they are aware and/or reports are picked up by lead if Supervisor is out of office.

Reports from O&G also indicated there were some last minute changes to the Christmas rota and these changes were not explained. Trainees were unable to query as rota coordinator is on leave for the rest of the month. It was noted that these changes were having significant implications on the plans that trainees have made during the Christmas period and will result in working patterns changing and exception reports.
The representative also expressed concerns regarding late changes to work schedules to cover gaps in rotas from maternity leave, and questioned how proactive the department were being regarding impending maternity leave

ACTION: GOS meeting with CJ Graham and Rahul Nath (directorate manager and Lead) to look at gap management and rota changes

Reps asked how payments would be received.
GOS said all payments that were awarded were given to local managers to record on the monthly man power.
PF told group that all payments would be recorded as "overtime" on payslips for easy identification. She also informed the group that time can only be allocated in 30 minute slots, so recommended TOIL for excess working of <1 hours. PF confirmed that the trainee can request TOIL or payment, however, it was the Trust's decision whether payment would be made or TOIL given.
GOS stated that the GOS is checking if TOIL and payments agreed in exception reporting is being actioned. If a department is unable to give TOIL then they must pay the extra time.
Additional work as part of HAN cannot be given as TOIL and payment must be given. The GOS urged the trainees reporting HAN exceptions to nominate the HAN rota in the report to enable HAN to be monitored by the trust.

A representative questioned if payments for exception reports were made by departments rather than the trust. The GOS agreed this is indeed the case.

One rep mentioned that she completed a locum form as well as an exception report as she was not sure which to do. GOS informed the group that if additional work has been agreed via a staff bank mechanism then an ER is not required.

Rates of pay were queried. PF informed the group that payment resulting from an ER is paid at the trainees basic or out of hours pay rate (whichever is applicable at the time of the exception) which is a higher rate of pay than the new national locum rates specified in the contract.

One trainee voiced a potential concern with individuals discouraging trainees from completing exception reports.
GOS reiterated that it was the trainees' decision and right to complete an exception report and that this should not be discouraged. The GOS requested that she be informed directly if any trainee was discouraged from submitting a report. The GOS would intervene with departments or individuals whilst keeping the trainee anonymous.

One representative asked how gaps within rotas would be monitored and what constituted a gap. GOS informed the group that she is currently collecting data of all gaps in O&G and Foundation for the quarterly report to the Trust Board. Gaps are deemed to be any vacant slot on a rota which involves at least one doctor in training, the gap may be a missing trust or training doctor, both would be reported. Details of how this is being done in the short and long term were then outlined.

- **Report from Foundation**

Foundation doctors within Geriatrics were issued a rota but an issue was identified with this version and so another rota was circulated which had huge changes to their initial rota.

ACTION: MM to set up meeting with GOS and Rebekah Schiff (Geri's Lead) to investigate this issue

Surgical directorate: Sickness and a month of pre-planned annual leave for a Trust Doctor, have resulted in changes to the personalised work schedules for a number of FY1s, and a number of ERs have resulted. Representatives queried if trainees were obliged to cover in such events.

PF confirmed that it was acceptable to ask trainees to cover in these eventualities but that trainees had the right to decline to work these shifts and that should be clear.

GOS reiterated that generic work schedules should be delivered to doctors 8 weeks in advance. Recent guidance has recommended that doctors then have a week to submit their leave requirements for the placement. An operational work schedule is then delivered to the doctors 6 weeks in advance.

There was concern expressed that rota coordinators were not aware of the terms in the new contract.

ACTION: MM to send GOS list of rota coordinators.
GOS to meet with surgical directorate

- Other departments

One representative asked what support would be given to other departments in order for a smooth transition to the new contract to take place.
PF informed the group that an implementation schedule has been devised. All rota's will be looked at with HR support. Departments will also be contacted by HR to help with creating work schedules and understanding the contract terms. The Junior Doctors Contract Handbook will also be updated as and when needed and the e-learning module and podcast will be disseminated. There will be targeted sessions to inform regarding exception reports.

One representative asked if information was being gathered on the types of exception reports and triggering factors.
GOS clarified that completing the exception report was straightforward with drop down menus for categorising reports that would enable this analysis. GOS encouraged the group to complete multiple exception reports rather than bundling different scenarios into one report to enable accurate handling and data capture. One representative confirmed this was easy to do as sections of reports could be copied and pasted from one report to another for repeated occurrences.

5. JUNIOR DOCTOR FORUM: DOCTOR ENGAGMENT

GOS asked the group for their ideas so that the JDF could be promoted and attendance encouraged. The group considered that attendance at the forum could be improved by departments being re-contacted and asked to release trainees and suggested the GOS contact leads on this matter.

The issue date of future meetings was discussed, but agreed to keep the published scheduled dates and afternoon slots.

ACTION: GOS and MM to email departments informing them meeting schedules and the need to release representatives from service commitments to attend.

GOS explained that all departments will need a representative at the forum. Ideally reps need to be elected by the next meeting (12th March) but will definitely need to be elected as they transition to the new contract. GOS asked for trainees to help with publicising the forum and encouraging nominations.

6. FUTURE MEETING FORMAT

GOS stated that there were 2 roles to the forum.

1. Contractual requirement to review exception reports and advise the GOS on the dispersement of fines.
2. Wider forum to highlight issues pertaining to the new contract.

Whilst a small number of elected representatives was an appropriate group to undertake the former of these roles, the latter would be amenable to a wider attendance. An earlier start was also proposed, as the meeting was over running.
This was discussed and it was agreed that in future the meeting would comprise two halves. The meeting would start at 3pm. Dispersement of fines will be discussed in a closed meeting; this would then be opened up to junior doctors working in the trust in any department. Timings to be confirmed

7. AOB
LNC rep asked if the TOR drawn up by the GOS and DME (as per the contract) were now fixed for the meeting. The GOS confirmed that these initial TOR would be reviewed in 6 months time following the experience of the initial two meetings, and annually thereafter.
It was agreed that these TOR were in place of a "constitution" as advocated by the BMA.

ACTION: MM to circulate ToR to all members of the forum

LNC rep proposed that the BMA Industrial Relations Officer (IRO) be a member of the forum. The BMA have recommended the IRO attend the meeting and this is happening in some other trusts.

The DME pointed out the difference between the JD Forum and the LNC meeting and the need to ensure the two were separate to ensure escalation of appropriate issues to the LNC if not resolved via trust mechanisms.

A representative further advocated the inclusion of the IRO as a silent observer.

GOS expressed her concern that the forum is an independent trust committee and manages issues separately from the LNC. The BMA has representation in the forum in the form of the LNC chair and two trainee representatives. The GOS felt that further representation at this point prior to full engagement of local representatives would not be helpful. There were alternative meetings already arranged in the Trust where the position of the IRO was more than welcome, and the GOS meets with the LNC chair and IRO outside of this meeting. Minutes would be circulated widely.

PF confirmed that membership of the JDF is as set out in the contract, with the GOS acting as the independent role.

DME stated it would be better to add people to the meeting rather than removing them by asking them not to come anymore.

The ToR including the membership to be reviewed in April 2017

DATE OF NEXT MEETINGS:

- 13th March 2017 15:00pm – 17:00pm
- 12th June 2017 15:00pm – 17:00pm
- 25th September 2017 15:00pm – 17:00pm
- 4th December 2017 15:00pm – 17:00pm

APPENDIX

1. ER Report Dec 2016
2. Terms of Reference