

Guy's & St. Thomas' NHS Foundation Trust

JUNIOR DOCTOR'S FORUM

Minutes of the Meeting held on 13th March 2017, 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
Tom Davies	Head of Directorate of Finance
Catherine Cameron	Assistant Manager for Medical Education
Mary Makinde (MM)	Project Support Officer (Minutes)
Kevin O'Kane	LNC Chair
Rebecca Ireson	LNC
Ashmal Jameel	LNC

Trainee representatives from:

Foundation

Ophthalmology

O&G

Radiology

Paediatric Cardiology

Dental

Anaesthetics

Adult Allergy

1. APOLOGIES

OPU representative

Respiratory representative

2. MINUTES & MATTERS ARISING

GOS welcomed everybody to the meeting and introductions took place.

Minutes and Actions from the last meeting were discussed and agreed.

General Surgery

GOS had a meeting with Surgery Service Lead and raised concerns that were identified at the last forum.

Discussions with the Surgical Department raised the following issues

1. Transparency and communication – there were issues around what was happening in the department and how junior doctors were being informed, leading to misunderstandings
2. Training – FY1s attending mandatory training during first few days of rotating was problematic and the preference would be for all mandatory training to happen after first week of rotation.
3. Language – there were discussions about the type of language that was used when addressing junior doctors, particularly regarding requests or requirements to work differently from work schedules. The GOS clarified what is and is not now permitted.
4. Additional Work – how was additional work to be covered by staff bank and how was this work was paid/could exception reports be raised and if so how?
5. Break Disclaimer – the form that junior doctors were told to sign upon starting in the document can no longer be used. The department declined to provide a copy of the form.

O&G

There were concerns that reps raised within the department and the GOS addressed these concerns by meeting with the Service Leads and having further meetings with the O&G trainees.

- Maternity Cover and Festive Periods

There were some concerns raised about how proactive the department had been regarding covering for maternity leave and filling rota gaps. The GOS addressed this with the department and was told that arrangements had been made for the maternity leave cover but there were unexpected circumstances outside of this which meant that there were more gaps in the rota i.e. compassionate leave, so whilst it looked like the gaps were due to maternity leave it was actually because they had not informed the trainees that there were further gaps.

There were also concerns about when the rota for festive periods would be confirmed as many doctors had booked holidays in advance but could not have these holidays agreed due to rota coordinator absence. It was agreed that festive periods would be part of a rolling rota. In the interim, the department honoured all those who has made plans for this year.

The issues with the O&G rota was further intensified due to the fact the department did not have a rota coordinator at the time. A new Junior Doctor Coordinator was recruited in January, she works full time and has been a valuable asset to the team so far.

- Attitudinal Issues

The topic of discouragement to exception reporting which was raised at the forum and during separate meetings with the O&G trainees. The GOS was informed of instances, some of which were due to consultants aiming to prevent the circumstances that give rise to exception reports, which is appropriate. However, at other times supervisors took exception reports as a reflection on them personally. As a result clinicians were not happy to receive reports and made this known vocally to trainees. The GOS acknowledged that it was not appropriate for trainees to feel as though they could not exception report and discussed this matter further with the department, who agreed an ongoing process of encouragement and departmental (rather than personal) responsibility for these reports.

Care of the Elderly

There had been last minute changes to the rota which meant there was no room for FY1s to take annual leave. GOS spoke with Service Lead and an acceptable new rota was devised in conjunction with the trainees.

3. REPORT FROM GOS

▪ Exception Report Update

The GOS began by addressing how to handle two problems in one report. For many of the reports there were 2 reasons given for additional hours worked, i.e. late finish & inability to take breaks. The problem with receiving reports in this manner is that a decision needs to be made as to what category the report falls under in order to give statistical data to the group and for reports. The GOS asked that trainees submit 2 reports if there are 2 causes for completing a report. She clarified that she understood that this could be laborious for them and their supervisors so if they are unable to complete 2 reports then the onus would be on us to document 1 report twice and break the hours into missed break/late finish. If 1 report is created then the GOS asked that they specify within the report whether it was 1 break that was missed or 2. Further to this she asked that each report should provide accuracy in terms of whether the hours worked were normal hours or enhanced hours.

The GOS gave a PowerPoint presentation going through reports received between December and February.

There were 85 reports in total for this 3 month period. Of the 85 reports, 6 were educational reports and 79 were for hours and rest. Foundation doctors submitted 79 reports whilst ST3s+ submitted 6. The breakdown of the amount of reports for each month is detailed below along with the reasons for reporting.

Date	Reports
December	27
January	43
February	15
Total	85

Reason for report	
Difference in work pattern	13
Missed Breaks	13
Early Start	2
Late finish	51
Education	6

There were 4 reports that were not valid as there were no exceptions that could be raised i.e. there was no difference in missed breaks, no difference in hours and no difference in training. The GOS contacted the trainees who submitted these reports and informed them that they were not valid reports.

When the outcomes of the reports for hours were broken down, 25 required no action/were open, 15 resulted in payment and 35 were awarded TOIL. The specialities that reports were submitted from are listed below.

Acute Med	19
COE	14
Gen Med	9
GI Surgery	16
Haem-onc	9
O&G	2
Sp Med	1
Vascular	9

The GOS informed the group that there were 7 HAN reports, 2 of which were for late finishes. The remaining 5 were for missed breaks and were only for December and January. She explained that a new protocol had been rolled out so that bleeps were handed over to another team member during nights so that breaks could be achieved. The GOS asked the group if the new protocol was working as there were no HAN missed break reports for February. Foundation rep said she did not believe it was a completely true reflection of what was happening on the ground as she knew of one team member who had refused to take a bleep when the FY1 went for break, however, the new process had improved the situation. The GOS asked that the rep should encourage trainees to write exception reports so that what was happening was appropriately reflected, and agreed to take this point to the next HAN meeting.

- **Fines update**

There has been one fine since the last forum and this was given to General Surgery, this was due to a trainee reporting additional hours taking the trainee over 48 hours per week on average. These reports had not been managed by the department with TOIL within a rota cycle, and fines were therefore levied for 1.5 Hours

The GOS informed the group that a spreadsheet was in the process of being created which would show fine rates for each grade over a period of hours, once completed this will be sent out to all trainees. Any fines incurred will be made at the end of each month along with payments for additional hours.

The GOS asked the group if they had any thoughts on how fines should be spent in future. None were forthcoming. The GOS explained that although the fine was small at the moment they would still need to consider how money from fines should be used. The GOS encouraged reps to think about what the fines should be spent on and asked whether guidance on the spending of fines should be created.

The GOS asked for the forums thoughts on the timeframe for spending fines levied.

- **Advice to Guardian**

General agreement from the representatives present that it would be better to have a tight deadline on the spending of fines so that it would benefit those currently working in the Trust.

It was concluded that majority of fines were to be spent within a year, the exact percentage to be spent by August is to be confirmed.

ACTION: GOS to write guidance on fines usage in conjunction with finance team
--

- **Accounts**

TD informed the group that a separate cost code and account has been set up for fines, he is working on ensuring that a report of the incomings and outgoings for this account will be produced each month. TD also mentioned that he is working through a proposal so that any money in the fines account that has not been spent within the financial year is not erased, but carried forward to the next financial year.

- **Quarterly and Interim Report**

The GOS' quarterly report for Oct to January was sent to the group via email prior to meeting, the group was given the opportunity to discuss the report with the GOS.

An O&G rep asked whether the outstanding O&G report had been closed, GOS reminded the group that the report was from 31st January but the outstanding report has since been closed.

One of the trainees had read the GOS' Jan report and asked how she felt about the DRS system as her previous report highlighted frustrations she was finding with the system, he also asked if the system would indeed be fit for purpose due to the volume of trainees that needed to be inputted.

The GOS informed the group that there were still a number of improvements to be made. The system had improved since her report and there were updates under way. She announced that ideas for the system were constantly being fed back to the manufacturers and she will monitor the situation and report back to the group.

The GOS informed the group that for Foundation Doctors, CMTs, ACCS and GPVTS trainees though they only have clinical supervisors at the moment, the system will have the ability to input a 2nd supervisor from May (this will be their educational supervisor). This 2nd person would have read only rights.

When the GOS asked the group what they would like to see on the system they asked if there was a possibility for an app to be developed so it was easier for them to complete reports as trying to access the system via the internet was burdensome due to it only working on certain browsers in the Trust or not having enough reception on their phone. The GOS said that an app was not in the process of being developed but she could report this idea back to the manufacturers.

ACTION: GOS to feed back to the DRS Manufacturers list of things that could be changed to improve the system.

The question was raised by a rep as to whether Trust Doctor's will be protected and represented in some way with a contract.

PF informed the group that they are looking at a PAN London contract which will represent Trust Doctors.

GOS informed the group that she had informed O&G trainees that they could exception report issues faced by themselves and trust doctors. When they complete a report they could make it clear that the frequency of what is happening is greater than the number of ER would suggest., by showing that the exception report is a pattern that is occurring within the department it makes it easier for there to be a work schedule review or a change in practice which would benefit trainees and trust doctors.

O&G rep asked what happened with the gaps that was reported in the GOS' report and queried how the gaps were reported as he had received an email which stated 31 shifts had not been filled which did not tally with what was in the GOS' report. LNC Chair also queried the methodology GOS.

The GOS pointed out that the timeframe for the 31 shifts does not coincide with the report timeframe. The GOS explained that her methodology for reporting gaps is not for shifts gaps but for post gaps as outlined in her report. (This methodology has previously been discussed with the LNC chair and agreed).

There was a query as to how people who filled these shifts were being compensated. A rep informed the group that people were either paid for the vacant shifts or they were given TOIL. The GOS informed the group that anyone who is paid via the staff bank would be noted in her data but anyone who was given TOIL would have needed to complete an exception report making it clear that there was a difference in work pattern.

DME asked if TOIL meant that these trainees were missing their training opportunities and that if this was the case then it was definitely an issue that had to be documented in a training ER in order to obtain figures.

Rep asked if there had been a change in work pattern that was agreed to by a trainee could they still raise an exception report. GOS replied by saying an exception report could be raised even if agreed as it could have a consequence on training opportunities and to monitor the frequency of these changes, which impact on personal lives.

4. JUNIOR DOCTOR REPORTS

- **Report from O&G**

Rep explained that no one had received a personalised work schedule. GOS replied by saying that personalised work schedules were not physical documents rather it was part of a process that has been outlined in the new contract. They are usually documented on eportfolios and these can be

amended to the work schedules.. GOS explained that trainees should meet with their ES and discuss the training opportunities that they have and ensure these opportunities work around the generic work schedule each trainee receives. DME further explained that rota coordinators need to be informed of the training that each trainee should have and this should be factored into the rota.

- **Report from Foundation**

Rep said that a trainee had not received his rota although he only had 3 weeks left before rotating. The GOS informed the group that the doctor in question had in fact emailed her in this regard. The problem was that the rota he was sent did not reflect the generic work schedule he had been sent. The GOS had investigated and found that the generic work schedule was incorrect. HR had been informed and would be discussing the situation with the trainee within 24hours.

Rep informed the group that there were still some HAN issues although it had improved since the last meeting. A night audit showed that on average the F1s are bleeped every 9 – 16mins and so there was no way for them to actually get any jobs done.

This has been taken to the Hospital HAN meeting.

Rep also said that General Surgery now asked whether trainees can do shifts as opposed to telling them to do so.

The GOS was pleased and informed the group that a Junior Doctor's Coordinator Meeting took place in February to give advice and support to rota coordinators based on the terms outlined in the new contract. The GOS and PF gave training on what the new contract meant and acceptable practices. The rota coordinator for surgery attended this meeting and so this feedback is a positive step forward.

Rep asked if she could meet the GOS outside of the forum to discuss some other issues raised that trainees were not comfortable being raised in the forum.

ACTION: MM to liaise with Rep about meeting with GOS to further discuss issues raised
--

- **Report from Paediatrics**

Nothing to report so far as they have just moved on, but induction was good

- **Other departments**

An email was sent by a Respiratory doctor asking what arrangements would be in place to allow for annual leave amongst existing staff in August 2017 when the new rota is introduced. He specified that it was an important time for children's school holidays and there were no guarantees at present on annual leave due to planned rota changes

The GOS explained that trainees who wanted to book annual leave could still do so as they do at the moment as the process of booking annual leave would not change. Under the new contract it might even be easier to book annual leave as the rota coordinator should receive all intended annual leave dates around the same time making it easier to allocate. The new process for submitting annual leave was explained.

The process explained: Generic work schedules are sent out 8 weeks before changeover and then 6 weeks before the changeover date an operational rota is created. The 2 weeks between the 8th and 6th week is where annual leave requests should be sent to departments/rota coordinators. All annual leave would then be looked at and approved leave included into the operational rota.

O&G rep informed the group that whilst in practice it sounded easy, what would happen if schedules were not sent within the necessary timeframe. Rep then gave example of her department informing the group that trainee's were building up annual leave because when they did not know what the rota

would look like they were not being granted their leave. As a result she felt that the department would have a lot of people wanting time off in the summer so that they do not lose their annual leave.

A Paediatric trainee said that although he had requested leave for 2 weeks in August, he was allowed certain days within the week but not allowed others i.e off Mon, Tues Thurs but working Weds & Fri, this gap within each week of requested leave is problematic.

The GOS suggested that there should be an annual leave guidance sent out to all junior doctors and rota coordinators.

ACTION: PF- Annual Leave guidance from HR to be sent out

5. HALT take a break

The trust will be having a HALT take a break campaign.

HALT stands for Hungry, Angry, Late and Tired and the campaign focuses around having a culture of stopping and taking a break within a shift, and departments supporting this for their staff.

6. Future Meeting Information

The GOS informed the group that she had considered who the non executive director representative should be and proposed to invite the Speak Up Guardian. This person was previously a non executive director but is not currently. However her role would make her eminently suitable.

The group were in agreement with inviting the Freedom to Speak up Guardian. However the group would still like formal board representation, and asked whether the Chief Executive could come. The GOS said that if an executive board member were to come then there would need to be something on the agenda that would be representative to their role.

It was agreed that the Freedom to Speak Up Guardian will have membership to the forum henceforth and the GOS will consider other non executive representation.

ACTION: GOS to review the non executive list and circulate list to the group.

7. AOB

LNC rep asked what could be done in the interim between junior doctor forums to discuss issues.

The GOS informed the group that she was happy to meet with junior doctors more frequently if they would like to come and feed back on issues. These would be more informal and would not be Junior doctors forums as more frequent review of fines and accounts is currently not warranted.

The GOS also informed the group that she was happy to receive emails of any concerns. If monthly meetings are set up she does not want issues to be deferred to these meetings if they could be dealt with more rapidly by direct contact

ACTION: MM to organise monthly meetings that allow for doctors to attend.

Rep asked what the protocol for gaps actually were, after it goes to staff bank and then to agency but still does not get filled then what happens.

The GOS said that in such circumstances shifts could be offered to those who were able to do it on the ward and then either an exception report stating a difference in work pattern could be raised or the person could be paid for extra hours. Alternatively clinics etc might be cancelled or consultant cover found.

The rep then asked whether there were any restrictions on additional locum shifts that trainees wished to undertake whether within GSTT or elsewhere and what the rules were in regards to notifying their Trust of additional work.

PF informed the group that guidance was sent out a few weeks ago that stipulated that junior doctors in training who wanted to do additional shifts for the NHS needed to do so through a trust staff bank, whether at GSTT or elsewhere. PF also stated that it was not essential for trainees to offer their additional shifts to GSTT, they were within their rights to work elsewhere even if shifts were available within their own Trust.

DATE OF NEXT MEETINGS:

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