

## **Guy's & St. Thomas' NHS Foundation Trust**

### **JUNIOR DOCTOR'S FORUM**

**Minutes of the Meeting held on 25<sup>th</sup> September 2017, South Wing Lecture Theatre, St Thomas' with video link to the Sherman Centre, Guy's Hospital.**

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#### **PRESENT**

|                        |  |
|------------------------|--|
| Rosalinde Tilley (GOS) | Guardian of Safe Working (GOS - Chair) |
| James Galer (JG)       | Medical Staffing Manager               |
| Georgina Charlton (GC) | Deputy Freedom to Speak Up Guardian    |
| Tom Davies             | Head of Directorate of Finance         |
| Mary Makinde (MM)      | Project Support Officer (Minutes)      |

Trainee representatives from:

- A&E
- Histopathology
- AAU
- Foundation
- Anaesthetics
- POPs
- Paediatrics General
- Paediatrics Surgery
- Paediatrics Neurometabolic
- Palliative
- O&G
- Palliative

#### **1. APOLOGIES**

|                   |                           |
|-------------------|---------------------------|
| Pauline Flockhart | Head of Medical Workforce |
| Clinical Genetics |                           |
| LNC               |                           |

#### **2. MINUTES & MATTERS ARISING**

GOS welcomed everybody to the meeting.

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

#### **DRS update**

The problem with being unable to exception report using an iphone has been resolved with the assistance of trainees feedback. GOS met with DRS and detailed the improvements that would be essential to ensuring the system works efficiently. A new update of the system means there is now capability to add an additional supervisor who can oversee the exception reporting activity. It has been decided that the Educational Supervisor will be the 2<sup>nd</sup> supervisee for those in CMT, Foundation and ACCS programmes where named clinical supervisors are managing reports.

#### **Monthly Meetings**

GOS arranged several drop in sessions on both the Guys and St Thomas' site in order for junior doctors to meet in between the Forums as requested. Unfortunately no one attended and therefore future meetings have been cancelled.

#### **Website**

The GOS informed the group of the new Guardian of Safe Working website. This is on the external Medical Education site, and is therefore available publically. The site provides information for Junior Doctors, Rota Co-ordinators and Faculty Leads. There are also podcasts and video presentations available as well as responses to frequently asked questions. You can view this via the link below.

<http://www.guysandstthomaseducation.com/project/guardian-safe-working/>

### 3. REPORT FROM GOS

#### ▪ Fines Update

The balance at the end of the last quarter (May – Aug) was £52. We have since incurred £145 worth of fines which brings the total to £197

A rep asked how departments could incur fines. GOS explained that there were numerous ways a department could be fined

- If additional hours worked goes over a total of 48 hours
- If a trainee misses 25% of their missed breaks over a complete rota cycle
- If a trainee has less than 8 hours of rest in between shifts
- If a trainee works over 72 hours within 7 days

Of note the GOS informed the group; if an exception report has not been managed and the supervisor has not managed the exception reporting process prior to doctors leaving departments, there is no possibility for the doctor to be awarded TOIL. These exception reports are closed by the GOS with payments as compensation, paid by the trainees department. Fines can be accrued via the ways listed above as a result in the same way as normally managed reports.

The GOS informed the group that the money within the fines pot could be spent in ways they suggest, however, it should not be spent on something that the Trust is contractually obliged to provide. The GOS asked that the trainees give some examples of how the fines could be distributed.

#### ▪ Advice to Guardian

No advice given.

#### ▪ Accounts

Fines update given as above.

#### ▪ Exception Report Update

Since our last forum there has been an increase in the amount of exception reports submitted. The last quarter saw a total of 59 exception reports submitted, compared to the 173 reports that have been submitted for this quarter thus far. The breakdowns of these reports are below.

| Date              | Reports |
|-------------------|---------|
| June              | 24      |
| July              | 20      |
| Aug               | 61      |
| Sept (up to date) | 68      |
| Total             | 173     |

| Reason for report |  |
|-------------------|--|
|                   |  |

|   |             |
|---|-------------|
| <b>Difference in work pattern</b>   | 10          |
| <b>Missed Breaks</b>  | 2           |
| <b>Early Start</b>  | 14          |
| <b>Late finish</b>  | 141         |
| <b>Minimum daily working time rest of 11 hours reduced to less than 8 hours</b> | 1 (on call) |
| <b>Education</b>  | 2           |
| <b>Duplicates</b>   | 3           |

|                                |     |
|--------------------------------|-----|
| <b>Report Outcomes</b>         |     |
| <b>No Action or still open</b> | 100 |
| <b>Payment</b>                 | 27  |
| <b>TOIL</b>                    | 46  |
| <b>Total</b>                   | 173 |

GOS informed the group that there had been a problem ensuring payments were given to those who had their reports closed with this action. These problems have since been resolved and all doctors that were supposed to be paid additional hours in July and August have received their payment in September. This appears on payslips as "overtime"

Paediatric rep informed the group that doctors in Paeds did not know how to exception report/have login details. He asked whether there was a figure of how many doctors within this department had submitted reports. The Guardian informed him that 23 had reported within Paeds Cardiology but only 2 within General Paeds. The GOS informed the group that the DRS logins expire within 24hours so it is paramount that if emails with login details were missed during the busy induction then doctors should email Guardian of Safe Working for new passwords.

Anaesthetics rep informed the group that a generic contract had been sent out which was not personalised in any way. Not only did it not state the specific work pattern for each doctor it also appeared to be an old contract which did not specify accurate salary information. GOS clarified that those who are on the old contract will be paid on the old contract terms until 2020 and then moved on to the payscales of the new contract.

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| <b>ACTION:</b> GOS to discuss with HR the problem within Anaesthetics and the work schedules they received. GOS, HR and Anaesthetics to meet |
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O&G rep informed the GOS that some doctors within the department were still experiencing problems with paying back the overpayment they received whilst others were experiencing tax problems.

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| <b>ACTION:</b> O&G overpayment problem to be reviewed by HR |
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ED department representative expressed concern that some trainees entitled to the flexible pay premia in the new contract had not had this included in their work schedules.

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| <b>ACTION:</b> Flexible pay premium entitlement to be reviewed by HR |
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## **New Issues**

Some faculty leads within departments have asked for rights to the DRS system as a 2<sup>nd</sup> supervisor so they can have an oversight of what is happening within their departments. The GOS informed them that she was happy to provide an overall summary report but would not provide departmental leads with read access rights.

GOS asked the group if they were comfortable with having the faculty lead having access to reports in this way.

Concern was expressed by representatives with very few trainees, as individuals could be singled out by this summary. The GOS reassured that reports would only be provided for departments where volumes of reports or time frames were sufficient to prevent individual identification.

A Rep queried if this was automatable in the long term, as report generation was time consuming. The GOS confirmed that this is being explored with DRS.

Rep informed the group that there had been a doctor who had been instructed by their clinical supervisor not to exception report. The GOS asked for the trainee to email her directly so that she could deal with the issue.

A new contract has been created so that Trust grade doctors, who joined the trust on or after August 2017, now have the opportunity to exception report alongside their peers in training. The Trust Doctors can only report for hours and safety, they cannot report for educational opportunities. For Trust Doctors who may have renewed an old contract or be working on an old contract, the trust is still looking at how to make them inclusive with the process.

#### ▪ **Results from Exception Reporting**

There were a number of reports within Nephrology (46 in the last month) due to additional hours worked to the work schedule and differences in working patterns. Doctors within the department were either starting early or finishing late in order to complete tasks. The GOS issued a work schedule review. The Renal department agreed there was a problem and have proactively worked towards creating a compliant rota with organisational and manpower changes developed in partnership with their trainees. Interim arrangements are in place for trainees to be paid for additional hours.

### **4. JUNIOR DOCTOR REPORTS**

#### ▪ **Report from doctors who recently transitioned**

A rep asked what doctors should do if they are told to work an extra day or if they are not working the shifts they were rota'd to work due to gaps.

GOS informed the group that if any doctor is given an extra day or an operational rota was issued but it is not being operationalised then the doctor (s) this is affecting should submit an exception report. The management of this gap can only be resolved if it is known by the GOS.

### **5. AOB**

The GOS informed the group that those who have submitted leave 7 weeks in advance, the department must try to the best of their capability to honor the leave request wherever possible and arrange duties around approved leave. However, if it so happens that you start working in your department and an educational opportunity occurs which your supervisor is happy for you to attend, it is the departments responsibility to find cover for your day shifts. However it is for the trainee to find swaps for on call or out of hours shifts from 9pm onwards.

The deputy freedom to speak up Guardian also spoke to the doctors about ensuring that any other issues they are having which may or may not be in relation to the new junior doctor contract or working hours could also be communicated to her. She provided a leaflet which will be disseminated with the minutes.

There was then a visit from the Faculty of Medical Leadership and Management, they came to enquire reports from doctors about their working lifestyle and how they found their training programme.

#### **DATE OF NEXT MEETINGS:**

- 4<sup>th</sup> December 2017 15:00pm – 17:00pm
- 26<sup>th</sup> March 2018 15:00pm – 17:00pm
- 4<sup>th</sup> June 2018 15:00pm – 17:00pm
- 17<sup>th</sup> Sept 2018 15:00pm – 17:00pm

- 10<sup>th</sup> Dec 2018 15:00pm – 17:00pm