

Guardian of Safe Working Hours Quarterly Report

Introduction

This report provides an update on exception reporting data, with regard to working hours from August 2017 to the end of April 2018. All junior doctors in training are now on the 2016 Junior Doctors contract.

This report outlines the exception reports that have been received, the actions that have been taken to date and remaining issues to be addressed to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

High level data

Number of doctors in training (total):	178
Number of doctors in training on 2016 TCS (total):	178
Number of training posts unfilled by a doctor in training:	19
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training junior doctors including teaching fellows	41
Amount of time available in the job plan for guardian to do the role:	1 PA
Admin support provided to the guardian:	0.1 WTE
Amount of job planned time for educational supervisors (per trainee):	0.25 PAs

Exception reports From August 2017 (with regard to working hours)

The data from the last quarter (February 2018 to end of April 2018) shows that there have been 45 exception reports related to safe working hours in total (Table 1). In this last quarter there have been no exception reports from Anaesthetics, Paediatrics, ENT, Radiology and Ophthalmology.

The data from August 2017 to end of April 2018 shows that there have been 174 exception reports related to safe working hours in total (Table 2) (Figure 1). Since August 2017 there have been no exception reports from ENT, Radiology and Ophthalmology.

Division	Department	Grade of Doctor			Total for Dept/Division
		F1	F2/CT/ST1-2/STGP	ST3+	
Medical	Medicine	19	18	2	39
Surgical	General Surgery	2	0	0	2
	Trauma & Orthopaedics	0	0	1	1
Women & Children's	Obstetrics & Gynaecology	1	1	0	2
Urgent & Emergency Care	Emergency Medicine	0	0	1	1
Total by Grade		22	19	4	45

Table 1 February 2018 to April 2018 Exception Report data by division/department

Division	Department	Grade of Doctor			Total for Dept/Division
		F1	F2/CT/ST1-2/STGP	ST3+	
Medical	Medicine	41	57	9	107
Surgical	General Surgery	17	1	0	18
	Trauma & Orthopaedics	0	10	10	20
	Anaesthetics	0	0	1	1
Women & Children's	Obstetrics & Gynaecology	11	5	2	18
	Paediatrics	0	3	1	4
Urgent & Emergency Care	Emergency Medicine	0	1	5	6
Total by Grade		69	77	28	174

Table 2 August 2017 to April 2018 Exception Report data by Division/Department

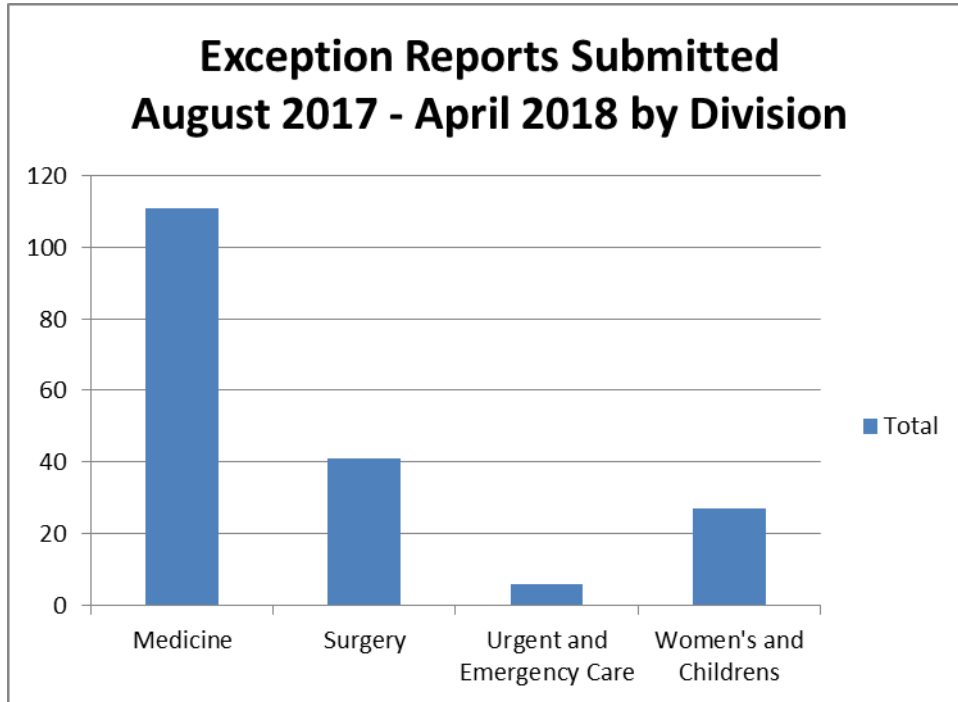


Figure 1 August 2017 to April 2018 Exception Report data by Division

The data from August 2017 shows that there have been 174 exception reports in total. Of the 174 exception reports, 163 were due to working additional hours, 7 were due to concerns around the rota pattern, and 4 were related to service support. Exception reports relating to education are not included in this report.

Of the exception reports received to date, the majority are in the Medical Division. 107 (61%) in total are from junior doctors working in the Medical Division, 41 of which have come from the Foundation Year 1 doctors, 57 from the F2/CT/ST1-2/STGP doctors within the Division and 9 from the ST3+ trainees. All of the exception reports in Medicine apart from 4 were related to additional working hours. 68 of the doctors received time off in lieu and 19 received payment for the additional hours worked. For the remaining 20 exception reports, 9 are still pending, no further action was taken in 7, 1 had a work schedule review and in 3 the initial decision was upheld.

Specifically for the last quarter 39/45 (87%) of exception reports are from Medicine. There are very few from other divisions.

Of the 67 exception reports in Divisions other than Medicine, 28 of the exception reports have come from the Foundation Year 1 doctors, 20 from the F2/CT/ST1-2/STGP level within the Division and 19 from the ST3+ trainees. Of note there has only been 1 in Anaesthetics and none from ST3+ doctors in General Surgery.

With regard to the exception reports received for Medicine there was a rise in April 2018 to 24 exception reports, an increase from 4 in March 2018 (Figure 2).

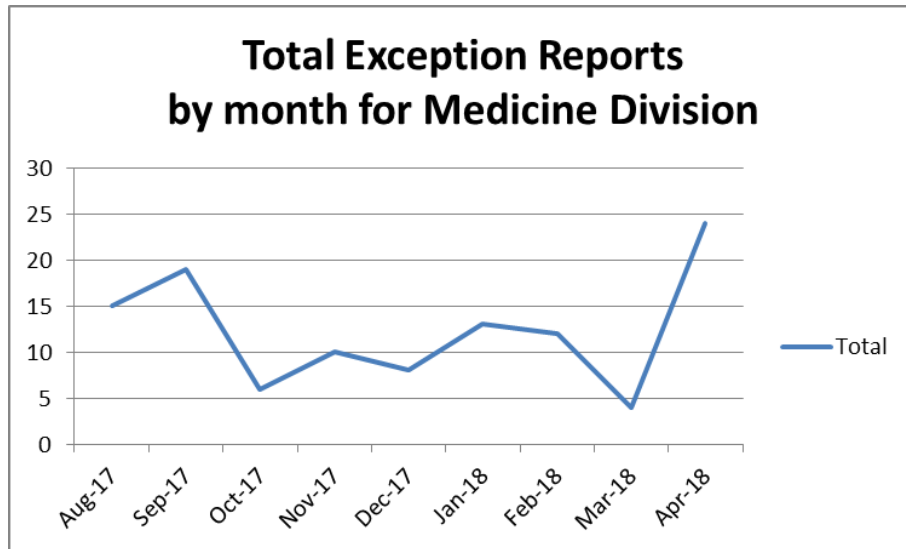


Figure 2 Exception reports by month in Medicine

As detailed in the last quarterly report 6 exception reports progressed to a level 1 work schedule review. Of these 3 were considered not to require a work schedule review; 1 resulted in change in weekend working arrangement (general surgery F1); 1 resulted in a change in rota (Trauma & Orthopaedics ST3+); in 1 the initial decision was upheld. There have been no exception reports progressing to a work schedule review in the last quarter.

A level 1 work schedule review was requested for one junior doctor in Medicine by the Guardian of Safe Working for a reported pattern of staying late. This was included in the last quarterly report and did not occur. This is now progressing to a departmental meeting (level 2 work schedule review) including the specific department (Haematology) and HR, DME and Guardian of Safe Working at the end of May 2018.

The Guardian of Safe Working has also asked for a level 1 work schedule review for Paediatric ST1-3 trainee doctors who are working less than full time (3 x 0.6 WTE doctors). This was the result of direct contact and feedback of issues to the Guardian and the BMA. The specific issue was a work schedule that was not up to date and on call shifts being added at short notice. Two of the three doctors have had a mutually agreed work schedule arranged. These work schedules have been requested by the Guardian but exceptions were not raised electronically.

An exception report can be raised for more than 1 exception. The 174 raised were for a total of 236 exceptions from August 2017 to April 2018. 163 of the reports have been closed and 225 exceptions closed. The median time to initial meeting with the supervisor is 4 days (recommended <7 days in 2016 contract).

As per TCS of the 2016 junior doctors' contract the initial meeting with the supervisor should be within seven days of the exception report being raised and the meeting should have an mutually agreed outcome that the junior doctor accepts and then closes the report, or if no mutually agreed outcome to progress to a work schedule review.

In the last guardian of safe working report 36% of all exception reports were having an initial meeting beyond seven days or were not closed. This figure has increased slightly to 42% in the last quarter.

The number of exception reports by month in total is presented in Figure 3 below

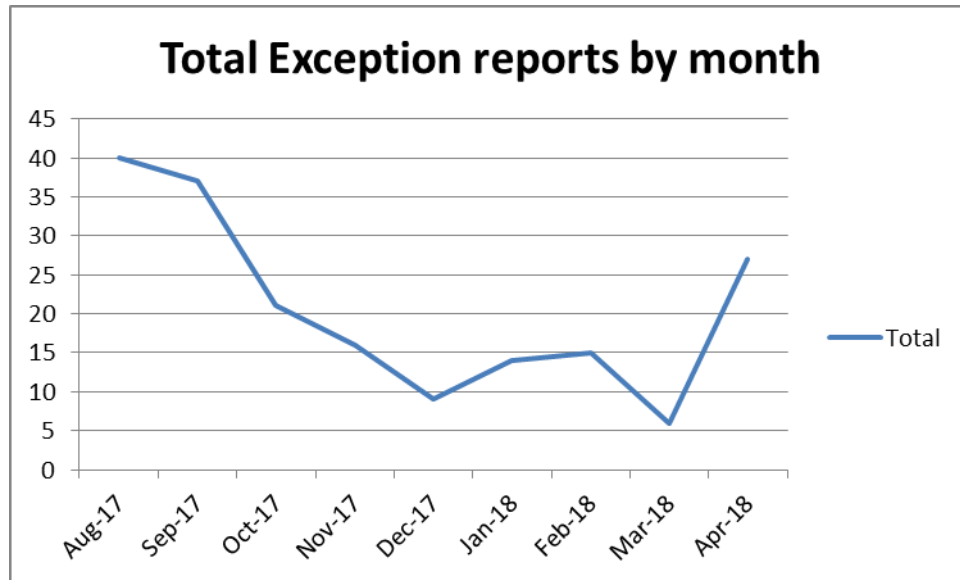


Figure 3 Total exception reports by month.

The peaks seem to correspond with changeover of junior doctors. There was a slight rise in December 2017. It has also been expressed in the junior doctors forum (JDF) that many junior doctors were not reporting exceptions and more would have been expected during the busy periods of December and January as feedback has been that many junior doctors were staying late. They may have felt too busy to complete exception reports.

Lack of any reporting in some areas (e.g. ST3+ in General Surgery) similarly raises the question whether exceptions are being raised. It would be surprising if there were no exceptions at all in that specialty.

Fines

The Guardian of Safe Working has implemented a fine of £360 Obstetrics & Gynaecology for a doctor working beyond the maximum of 72 hours in a seven day period. This was due to an error in rostering whereby the work schedule was not followed and a junior doctor working on a day they should have had off. Of this £135 was paid to the junior doctor and £225 of this will be added to previously accrued fines of £531.51. The total of £756.51 will be presented to the JDF. The JDF will need to decide how this fund is used.

Vacancies

The Trust has been very fortunate since August 2017, in that currently there have been 7% of junior doctor posts vacant where as previously it has ranged between 10 and 15% vacancies. 7% equates to 12 posts overall, as at the beginning of December, most of these vacancies were in the Medical Division, 7 posts in total. The Trust has invested in a Clinical Fellow programme and as can be seen from the high level data above, the Trust has recruited to 41 non training doctors, the majority of which work in the medical specialties.

The Trust collates information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors; work is still ongoing to develop the collation of this information centrally for the guardian.

Qualitative information

There has been concern that the exception reports received do not represent the working practices at the Trust. The Trust has been very busy over the winter period and although there have been a number of exception reports in the Medical specialties the expectation was that the number of exception reports would be higher than had been received.

This now seems to have improved over the last month with the number of exception reports increasing as doctors are encouraged to exception report when required. The DME and Guardian sent an email clarifying when to exception report including for lack of service support. This is in the situation where a doctor may not finish late but is not adequately supported on the ward, e.g. too few doctors covering the ward. The processing of the exception reports being received is being supported by a member of the Medical Workforce Team. Additional training is being provided for Consultants and junior doctors where required, and information including national guidance and hints and tips is published on the Trust intranet. The exception reporting process is a standing item on the Junior Doctor Forum agenda for all specialties which gives all junior doctors a chance to raise any issues and for the Medical Workforce team to encourage doctors to submit exception reports. Reports are sent monthly to the Clinical Chairs and Divisional General Managers providing an overview of the exception reports received to date by rota.

Issues arising

There have been some concerns raised regarding the junior doctors rota in Medicine. There are concerns about the variation of coverage of junior doctors across the wards in Medicine.

Specialties within the Medical Division have been asked to ensure annual leave rules within each specialty are being adhered to and to review the staffing on a weekly basis, taking a six week forward view, to ensure safe staffing is maintained.

The Medical Workforce Lead, the rota coordinator for Medicine and the Management Registrar within Medicine met to review the rota for April onwards and an update of the position will be provided to the Medical Taskforce meeting.

There is ongoing concern that the work schedules are not being used as live documents. A system is being put in place by the Medical Workforce Team to remind junior doctors to meet with their Educational supervisor and request that the personalised work schedule is uploaded to their e-portfolio following that initial meeting.

There is limited guidance on NHS Employers regarding how to structure a work schedule review. The BMA offers more detail and there has been discussion regarding a template to aid the supervisor and trainee when a work schedule takes place. So far, changes to work schedule seem to be an informal agreement without documentation of change. The structured work schedule document will be piloted going forwards.

The electronic health roster does not allow population of a rota that breaches rota rules except in the circumstances of locum shifts. The guardian has become aware of a doctor in training that opted to do a successive runs of night shifts that would breach the safe working rota. At the JDF doctors will be reminded that they cannot breach safe working rota rules voluntarily. HR are investigating if the electronic health roster could prevent locum shift population by an existing trainee that would breach rota rules.

Recommendations

- Departments are being allowed flexibility regarding how to respond to exception reports so that these can be dealt with in a timely manner and within the structure and working of their individual department but the specific processes of exception reporting still needs to be collated.
- Both junior doctors and Consultants to continue to be supported with the exception reporting process.
- All junior doctors require a detailed work schedule to be completed with their supervisor within four weeks of starting. This is a 'live' document that will change with changing learning needs and be used as a reference for detailing exceptions. There remains uncertainty regarding the process of work schedule review and a template to aid this is proposed.
- The Trust procedure for exception reporting has been approved by the LNC.
- A review of the coverage of the junior doctors' rota in Medicine is required as a large number of exception reports are raised in this division with further action to be taken as necessary.
- Information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors' needs to be collated centrally and available for the guardian.

Conclusion

The process of exception reporting continues to become embedded within the Trust. These are usually being dealt with as a one-off and there remains more work to do to encourage the junior doctors to complete exception reports and remind them of which exceptions to raise exception reports for. The reviewing of Work Schedules is not occurring at the frequency expected and there is a lack of familiarity with this process; support for work schedule reviews is required to embed this process.