QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Executive summary

The 2016 Junior Doctor contract has been introduced for all doctors in training employed at the Trust. This report summarises the exception reports raised since my last report, the use of locum doctors to cover shifts, vacancies and other issues which affect safe working practices of junior doctors. This report will be submitted to the February Quality and Outcomes Committee of the Board and will be publicly available on the Trusts website. It is also likely to form part of the information used in future CQC and HEE inspections.

Introduction

It has now been 14 months since the Trust began to move doctors in training onto the 2016 Junior Doctors Terms and Conditions of Employment. The Trust decided to adopt a local implementation timetable to allow more time to ensure that new rotas were compliant with the stricter working hours limits. The vast majority of around 500 junior doctors working across 54 rotas have now transitioned to the new contract – with a few exceptions due to unusually long lead employer arrangements in a small number of areas.

High level data

Number of doctors / dentists in training (total):	500
Number of doctors / dentists in training on 2016 TCS (total):	500
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	none
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally)

a) Exception reports (with regard to working hours)

One of the key changes of the new contract is the introduction of a system called exception reports. This system allows doctors to submit a report when their actual hours of work vary from their rota, they fail to get adequate rest breaks or they are unable to attend agreed educational activities due to service commitments. This system replaces a previous system of rota monitoring which was widely viewed as no longer being fit for purpose.

The new system requires the junior doctors clinical or educational supervisor to meet with the doctor and discuss the reasons for each report being submitted before (in the case of additional hours) a decision being agreed to either allow the doctor compensatory time off in lieu or payment for the additional hours. The reports are subsequently reviewed by the Medical HR department and

the Guardian of Safe Working to ensure safe working limits are not exceeded. Where these limits are breached there may be a "fine" levied against the division involved.

It is expected that the reports will be reviewed by the junior doctors supervisor within 7 days. Over the last 2 months this target has been achieved in around 50% of cases (Dec 17: 50%, Jan 18: 54%). Although this number is disappointingly low there are several suggested reasons: no additional SPA time for Consultants to undertake this activity; annual / study leave (for both parties); rota patterns and an unfamiliarity with the system. Medical HR has been working with the Divisional management teams to try to improve compliance with this target.

To date there have been 605 exception reports from trainees. The vast majority of these are for working excess hours. Whilst failure to achieve agreed educational opportunities should also result in submission of an exception report, in practice, this has occurred infrequently. The Medical Education team have recently encouraged trainees to use the system for this purpose.

Division: Surgery

Specialty	**Grade**	**Total no. of exceptions**	**Exceptions by type**	
General Surgery	F1	175	1	Pattern
			13	Educational
			8	Service support
			153	Hours
HDU	F1	1	1	Educational
HDU	F2	1	1	Educational
General Anaesthesia 1st OC	ST3-8	1	1	Hours
Obstetrics Anaesthesia	ST3-8	7	7	Hours
Oral Max Fax	ST1-2	3	3	Hours
Oral Max Fax	ST3-8	3	3	Hours
Trauma & Orthopaedics	F2 /ST1-2	22	2	Educational
			20	Hours
Trauma & Orthopaedics	ST3-8	2	2	Educational
Cardiac Anaesthesia	ST3-8	3	3	Hours
Ophthalmology GP	ST3-8	2	2	Hours
Ophthalmology 2nd	ST3-8	6	1	Educational

OC			5	Hours
TOTAL		**226**	**1**	**Pattern**
			20	**Educational**
			8	**Service support**
			197	**Hours**

Division: Medicine

Specialty	Grade	Total no. of exceptions	Exceptions by type	
General Medicine	F1	225	9	Pattern
			5	Educational
			211	Hours
General Medicine	F2 / ST1-2	9	7	Hours
			2	Educational
Psychiatry	F1	1	1	Hours
TOTAL		**235**	**9**	**Pattern**
			7	**Educational**
			219	**Hours**

Division: Specialised Services

Specialty	Grade	Total no. of exceptions	Exceptions by type	
Haematology/Oncology	F2/ST1-2	8	6	Hours
			2	Educational
Haematology	ST3-8	28	1	Educational
			27	Hours
TOTAL		**36**	**3**	**Educational**
			33	**Hours**

Division : Women's and Children's

Specialty	Grade	Total no. of exceptions	Exceptions by type	
General Paediatrics	F2 / GPVT	6	6	Hours
General Paediatrics	F2/ST1-3	2	1	Hours
			1	Pattern
Paediatrics/Renal ED	F2	4	4	Hours
General Paediatrics	ST4+	2	2	Hours
Obstetrics and Gynaecology	F2 / ST1-2	6	6	Hours
Obstetrics and Gynaecology	ST3-5	4	4	Hours
Paediatric Anaesthesia	ST3-8	2	2	Hours
Paediatric Simulation	F2	1	1	Hours
Paediatric Surgery	F2 / ST1-2	19	17	Hours
			1	Educational
			1	Pattern
Paediatric Surgery	ST4-8	52	52	Hours
PICU	ST3-8	9	9	Hours
TOTAL		**107**	**2**	**Pattern**
			1	**Educational**
			104	**Hours**

Division : Diagnostics and Therapeutics

Specialty	Grade	Total no. of exceptions	Exceptions by type	
Microbiology	ST3-8	1	1	Hours
TOTAL		**1**	**1**	**Hours**

As previously reported, the vast majority of the exception reports submitted to date (400 of 605) have been from Foundation Year 1 doctors. Whilst this is the largest "group" of doctors in the Trust (42 WTE or 8.4% of junior doctors in training) the number of reports seen is far in excess of that from other grades. It is likely that there are several reasons for this including that these doctors have only ever been employed on the new contract; they appear more willing to report and they are less experienced in managing large clinical workloads. However, it is likely that this also reflects the significant volume of work delivered by these doctors – especially during the winter pressure months.

Other rotas with above average reports include Trauma and Orthopaedics and Paediatric Surgery. Both of these rotas have experienced significant problems over the past few months. In T&O juniors have raised concerns about workload and supervision on their wards. In one instance a junior (F1) felt that this was sufficiently serious to flag an "immediate safety" concern. As a result of this a major revision of the rota, induction arrangements and increased daily supervision have been introduced from February 2018 (full details below). In paediatric surgery there has been widespread concern about the effect the new full shift rota has had on working patterns and educational opportunities. The department has agreed to move back to a more traditional "on call" rota (with additional safeguards to ensure adequate rest) from late January 2018. I will continue to monitor these over the coming months.

Due to the unique nature of the way they are contracted (through an unusually long lead employer arrangement) there is still one rota where the majority of doctors are employed under the 2002 terms and conditions of service. Details of the most recent monitoring exercise (the old system) are shown below.

Hours monitoring exercises (for doctors on 2002 TCS only)						
Specialty	Grade	Rostered hours	Monitored hours	Banding	WTR compliant (Y/N)	Monitoring date
Radiology	ST3+	47.3	42.6	1B	Y	Feb 17

b) Work schedule reviews

The contract also introduces a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally the template rota has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely challenging to manually write and review rotas and an eRostering solution is urgently required to address this. I understand that a business case is progressing through the Trust Capital Bids process.

Rotas where there have been significant issues identified and a work schedule review carried out are shown below. These rotas will be subject to ongoing monitoring to ensure changes made result in a reduction of reports.

Work schedule reviews by grade / department		
	Problem	Outcome
F1 T&O	Exception reports identified significant additional workload	Changes to rota and supervision arrangements and improvements to the induction made
Paediatric surgery	New full shift system increased workload, decreased continuity and reduced training opportunities	Revision to an "on call" system made with addition safeguards in place
Paediatric Neurosurgery	Sudden decrease in number of Deanery Trainees from February 2018	Rota significantly redesigned and external locum shifts advertised to fill anticipated gaps

c) Locum bookings

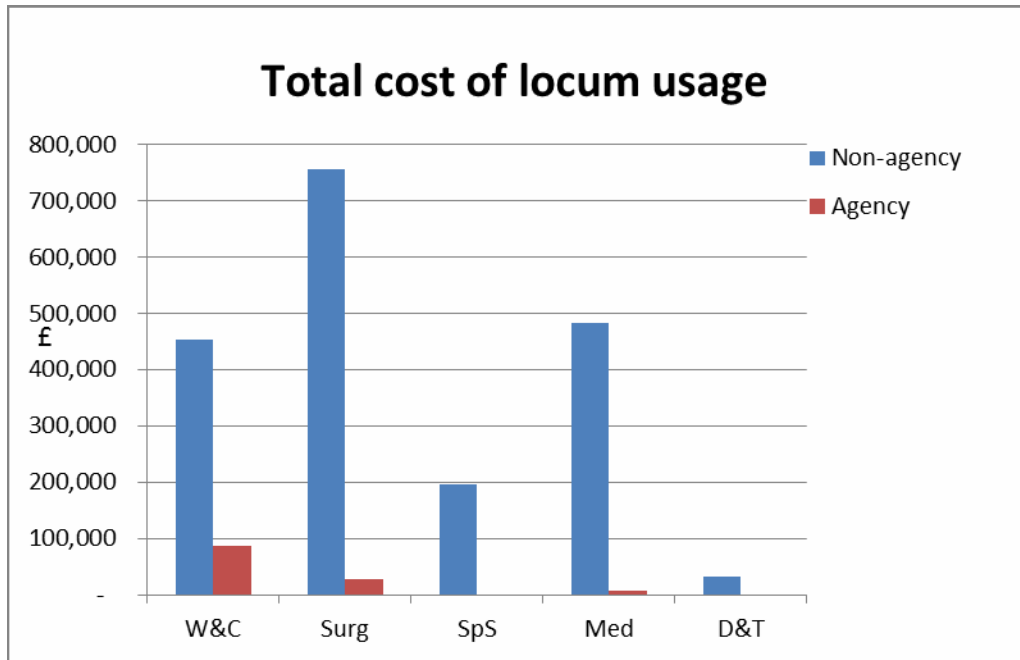
The Trust has traditionally been very reliant on using locum doctors (both from external staff and using its own internal staff) to fill gaps on rotas and respond to fluctuations in workload. The new contract introduces much stricter safe working limits and all locum work carried out by internal staff needs to be taken into account when calculating total work hours. Trainees are allowed to "opt out" of the maximum 48 hour working week average to work up to 56 hours.

We still we have no system in place to monitor additional locum work being carried out and the effect it has on safe working limits. An eRostering solution and a "locum staff bank" are urgently needed to address this problem. As shown in the table below we continue to be reliant on a large number of "non agency" locum shifts to cover gaps in rotas to ensure patient safety. The effect that these additional hours have on fatigue and morale is of concern and poorly understood at present.

The large number of these locum shifts is contributing significantly to the Divisional overspend on medical staffing

Division	**Number of shifts Jan 18**	**Number of hours processed Jan 18**	**Accumulativenumberof shifts (Oct 17 toJan 18)**	**Accumulativenumberof hours (Oct 17 to Jan 18)**
W&C	94	812.5	400	3360
Med	86	615.5	243	1836.25
SH&N	143	1625	453	4518
SpS	32	240	108	1061
D&T	1	24	27	218.25
TOTAL	**356**	**3317**	**1587**	**14,310.5**

Cost of agency staff April 17- Dec 17



i) Agency

Additional doctors are also occasionally contracted through external locum agencies. The most up to date data available is from October and November and is shown below.

Division	Accumulative number of shifts (Oct 17 to Nov 17)	Accumulative number of hours (Oct 17 – Nov 17)
W&C	27	287
Med	24	190
SH&N	1	11.5
SpS	0	0
D&T	0	0
TOTAL	**52**	**488.5**

d) Vacancies

Currently the exact nature of rota gaps and vacancies is poorly understood as individual departments manage their own vacancies and rotas. This means that only limited data is held

centrally by Medical HR about vacant posts. Work on improving this data by the Medical HR department has been delayed by staff shortages within the department over the past few months.

I hope to be able to present detailed information on this in future reports.

e) Medical Sickness – Junior Doctors

This data is included to provide the Board with some context to the locum usage figures detailed above. Rates of sickness absence in the junior doctor staff groups remains low across the organisation and well below the rates seen in other staff groups. It seems likely, therefore, that other factors – such as rota gaps caused by fluctuations in deanery trainee numbers and the number of rotas with limited capacity to internally cover annual / study leave – play a significant part the locum usage described above.

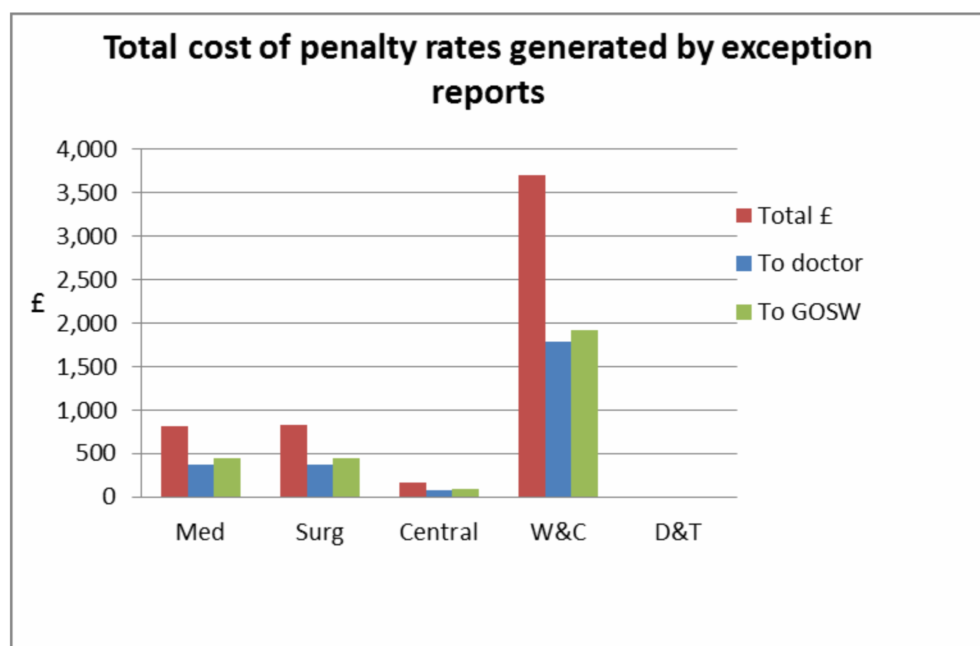
As levels of sickness absence can indicate rotas with significant levels of workplace stress and low morale I will continue to monitor and report in future Board Reports.

		2017 08		2017 09		2017 10		2017 11		Cumulative % Abs Rate (FTE)
		% Abs Rate (FTE)	No Of Episodes	% Abs Rate (FTE)	No Of Episodes	% Abs Rate (FTE)	No Of Episodes	% Abs Rate (FTE)	No Of Episodes	
387 UH Bristol	NHS Foundation Trust	0.97%	24	1.08%	26	0.91%	24	1.33%	31	0.96%
	387 D&T	0.00%	0	0.08%	1	0.26%	2	0.08%	1	0.11%
	387 Medicine	1.14%	6	1.27%	7	1.71%	8	2.63%	10	1.39%
	387 Spec Services	1.30%	1	1.70%	2	0.14%	3	0.25%	3	0.69%
	387 Surgery	1.42%	11	1.31%	13	0.93%	10	1.32%	15	1.25%
	387 Trust Services	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	387 W&C	0.37%	6	0.64%	3	0.79%	1	1.24%	2	0.62%

f) **Fines**

As described above there is a new system of “Guardian Fines” levied against departments which allow doctors to work in excess of Safe Working Limits. To date fines levied total around £5,200 of which £3,100 is paid into the Guardian Fund and the remainder paid to the individual doctors who have breached safety hours.

Total cost to Jan 18 (does not include Feb 18 data)



Monies in the Guardian Fund are to be spent on items selected by the junior doctors to enhance their working environment. A decision on spending the current is to be made in the next few weeks.

Qualitative information

Issues arising – Immediate Safety Concerns

The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. As Guardian I treat these reports very seriously and require an urgent response and solution from departments involved.

To date there have been four reports which have raised safety concerns. Only one new report has been made in the past 4 months, two older reports have been resolved and closed.

Rota	Details of safety concern	Actions taken to prevent recurrence
Cardiac Anaesthesia ST3+	There have been intermittent periods of unusually high numbers of high acuity patients (much higher than that recommended by national ITU guidelines). Out of hours a single junior doctor covers this rota and the have reported being unable to take rest breaks.	Remains unresolved. Has been escalated to Deanery / HEE and visit planned to assess rota.
F1 T&O	Workload felt to be excessive and unable to complete ward tasks. Felt supervision from more senior grades was lacking	Major review of working practices introduced from Feb 18. Improved induction and supervision arrangements put in place.

Issues arising – Other areas of concern

The highly specialised nature of some of the work carried out by the Trust means that we have a large number of small rotas which are particularly vulnerable to fluctuations in staffing caused by either changes in numbers of Deanery trainees arriving or staff sickness. This has been particularly apparent in our paediatric neurosurgery and OMFS rotas over the previous months. Intervention by the Medical Director and Divisional Management (with significant investment in locum staffing) was required to prevent collapse of the paediatric neurosurgery rota from February 2018. Failure to staff these rotas has the potential to impact on the Trusts ability to deliver key services.

Our Medical HR department remains significantly under resourced to deliver the large increase in workload resulting from this new contract. This has been compounded by significant sickness levels over the past few months. It remains my view that a redesign of working practices and investment in Medical HR – supported by new rota coordinator roles within divisions – is required to effectively deliver and manage this new contract. I understand that the Executive Director of People is currently undertaking a review of this area.

It remains extremely difficult to deliver and monitor some of the key components of the contract and the safe working provisions without some form of eRostering system. I am pleased that such a system seems to have widespread support from the Trust executive and hope that a capital bid will be successful in the near future.

There is clearly still variable engagement with the new exception reporting process from some junior doctors in the Trust. Recent discussions have revealed that there is concern about a perceived pressure not to report (rather than an actual pressure not to) and it seems that this stems from a desire not to be seen as a "trouble maker". It is almost certain that the number of reports received to date does not fully reflect the additional work being carried out by junior doctors. Addressing this culture and encouraging junior doctors to view exception reports in a positive manner is one of my key objectives for the coming year.

I remain concerned about the poor morale of the junior doctors across the Trust. It seems particularly problematic in certain areas but, as I stated in my previous report, this is a national issue rather than through the particular actions of the Trust. It is interesting to note, however, that morale appears to be lowest in the areas with significant rota gaps and exception reports. Working to address this problem is another of my key priorities for the coming year.

Actions taken to resolve issues

The Junior Doctor Contract Implementation Group, chaired by the interim Medical Director, has met regularly to guide implementation of the contract across the organisation. This group has had extremely positive engagement from all Divisions within the Trust. The purpose of this group will be able to proactively identify and mitigate problems such as rota gaps and excessive workload in the future.

Summary

In common with all organisations in the NHS, it has been a challenging few months for junior doctors within the Trust. Whilst there are undoubtedly those issues described above I remain convinced that this Trust is taking a very proactive approach in trying to address these. I am constantly impressed by how engaged senior clinicians and managers have been in ensuring delivery of safe medical staffing is maintained and issues raised by junior doctors are addressed.

Dr Alistair Johnstone

Guardian of Safe Working

February 2018