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 October 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

Over the past 9 months the Trust has been introducing the new 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 result of this local implementation timetable was that the majority of around 500 junior doctors working across 54 rotas have transitioned to the new contract in August and September 2017.

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.

Since December 2016 there have been a total of 330 exception reports covering 401 episodes (to minimise additional workload trainees can report more than one episode in each report). The vast majority of these have been submitted for working hours in excess of those on the rota.

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.

Exception reports by rota / department	
Specialty	No. exceptions raised
F1 General Surgery	27
F1 General Medicine	50
General Paediatric F2 / GPVTS	6
Paediatric Surgery F2 / ST1-2	19
T&O F2 / ST1-2	4
T&O ST 3+	1
Paediatric Simulation	1
OMFS ST1-2	1
OMFS 3+	1
Obstetric Anaesthesia ST3+	3
Cardiac Anaesthesia	1
General Anaesthesia	1
Ophthalmology GPVTS	1
Ophthalmology 2nd on call	3
Haematology ST3+	1
HDU F2	1
Obstetrics & Gynaecology ST1-2/ FY2	1
Obstetrics & Gynaecology ST3+	1
Total	**123**

Month	Grade	No. exceptions raised (hours)	No. exceptions raised (Education)	No. exceptions outstanding awaiting review
June	Foundation 1	16	1	
	Foundation 2 / CT1-2 / ST 1-2	0	0	
	ST 3+	0	0	
July	Foundation 1	27	3	
	Foundation 2 / CT1-2 / ST 1-2	0	0	
	ST 3+	0	0	
August	Foundation 1	10	0	
	Foundation 2 / CT1-2 / ST 1-2	17	2	
	ST 3+	4	1	
September	Foundation 1	13	5	
	Foundation 2 / CT1-2 / ST 1-2	16	1	
	ST 3+	6	1	
	Total	**109**	**14**	**28**

The contract has strict time limits for supervisors to meet and discuss with trainees and record an initial decision on the exception report. Reports should be signed off within 7 days of receipt by the supervisor. This has proved problematic in many areas due to other work commitments on the part of the supervisors, leave (both for supervisors and trainees) and the fact that the supervisors may not always work in the same area as the trainee so may not have daily contact. Managing review of exception reports has been particularly challenging as there has been no additional time given to Consultants to administer this new responsibility. Having identified these challenges I have been working with some departments to identify one individual in each area who will be responsible for administering all reports for the rota in that area. I will update the Board on the success of this approach in future reports.

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 is extremely difficult to administer the new contract under the old arrangements and it is felt that a new eRostering system which improves the communication of rotas from Medical HR templates to departments is necessary to deliver this part of the contract correctly. An options paper is currently with the Trust executive for a decision on the purchases of a new system.

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 General Medicine Cardiology	Exception reports identified significant additional workload	Rota has been redesigned Additional Trust Grade in department staff from August
OMFS ST 3+	Template rota did not reflect actual work pattern	Changes have been made to template rota

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. At present we have no system in place to monitor additional locum work being carried out and the effect it has on safe working limits. It is hoped that the introduction of an eRostering system and a proposed central "staff bank" for doctors (similar to that which exists for nursing staff) will help to address this. Without such a system in place I am unable to offer assurance to the Board that additional locum work carried out by internal doctors is not causing them to breach safe working limits.

21 additional Trust grade posts were agreed by the Executive Team from August 2017 to support rota compliance and as a result of a recognition that there would be a reduced capacity for junior doctors to carry out locum shifts. Most of these posts were successfully recruited to, with the exception of paediatric surgery where the funding is being used to (partially) fund locum shifts until recruitment can take place.

During July, August and September the number of locum shifts were:

Grade	No of Internal locum shifts	No of external locum shifts
F1 /F2	27	6
CT/GP/ST1-2	173	172
ST3+	265	78
Speciality doctor	17	23

It is clear from the table above that there is still a significant reliance on locum working across the Trust. Over the course of July, August and September the cost of additional locum shifts was £346,672. As the claims system currently relies on paper forms passed from Divisions to Medical HR it is likely that there are still significant numbers of claims for additional work to be processed.

i) Agency

Additional longer term locum doctors are also occasionally contracted through external locum agencies.

Grade	**Department**	**Division**	**Average weekly hours**	**Start Date**	**Planned End Date**
SPR	Opthalmolgy	Surgery	40	15-May-17	09-Jun-17
ST3	A&E	Medicine	10	18/06/2017	18/06/2017
SHO	A&E	Medicine	60	23/06/2017	27/06/2017

SHO	Trauma & Orthopaedics	Surgery Head & Neck	40	19-Dec-16	16.Jul-17
SHO	A&E	Medicine	60	23-Jun-17	27-Jun-17
SHO	NICU	W&C	25	18/09/2017	19/09/2017

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. The data below shows the current vacancies held by the Medical HR department. It is important to note that many of these vacancies may have been addressed by rota reorganisation within a department or through locum shifts described above so these vacancies do not, necessarily, represent an unfilled rota gap. Data in the table below should be interpreted with caution.

The new contract has highlighted the problems caused by fluctuating numbers of trainees sent by the Deanery to the Trust – something that the Trust has little control over. This fluctuation is difficult to manage as it can cause short term vacancies within rotas and, potentially, rota gaps.

A significant piece of work is being carried out by the Medical HR department to map vacancies against actual posts in departments and details of this will be included in future reports.

Div	Funding	Specialty	Sub specialty	Grade	Reason for gap / status
Surgery	Trust funded	Anaesthetics	ITU	CF	Vacant until Feb
Surgery	Trust funded	Anaesthetics	ITU	CF	
Surgery	Trust funded	Anaesthetics	ITU	Senior CF	At advert
Surgery	Trust funded	Anaesthetics	Thoracic/Head&Neck/Pre-op	Post CCT Clinical Fellow	At advert
Surgery	Trust funded	Anaesthetics	Thoracic/Head&Neck/Pre-op	Post CCT Clinical Fellow	Vacant until Oct
Surgery	Deanery	Anaesthetics	ICM	ST3-8	Vacant until Nov
Surgery	Deanery	Anaesthetics	ICM	ST3-8	Vacant until Feb
Surgery	Deanery	ACCS	ACCS	CT1-2	Vacant until Nov
Surgery	Deanery	Anaesthetics	Advanced	ST3-8	Vacant until Feb
Surgery	Deanery	Anaesthetics	Advanced	ST3-8	Vacant until Feb
Surgery	Deanery	Anaesthetics	Advanced	ST3-8	Vacant until Nov
Surg	Deanery	Paediatric		CT2	Vacant until Feb

ery		Surgery			
Surgery	Deanery	General Surgery	LGI	CT1/CT2	Vacant until Feb
Surgery	Trust funded	General Surgery	Colorectal	Clinical Fellow SpR	
Surgery	Trust funded	General Surgery	Colorectal (Teaching&Education)	Senior Clinical Fellow StR	At advert
Surgery	Trust funded	Trauma & Orthopaedics	Trauma & Orthopaedics	Clinical Fellow ST1-3	
Surgery	Trust funded	Trauma & Orthopaedics	Trauma & Orthopaedics	Clinical Fellow ST1-3	
Surgery	Trust funded	Trauma & Orthopaedics	Trauma & Orthopaedics	Clinical Fellow ST1-3	
Surgery	Trust funded	Trauma & Orthopaedics	Trauma & Orthopaedics	Clinical Fellow ST1-3	
Surgery	Deanery	Trauma & Orthopaedics	BCH	ST3+	At advert for a LAS
Surgery	Trust funded	Ophthalmology	Medical Retina	MR Fellow	
Surgery	Trust funded	Ophthalmology	Plastics	ASTO / Fellow	
Surgery	Trust funded	Ophthalmology	Oculoplastics	ASTO / Fellow	
Surgery	Trust funded	Ophthalmology	Refractive Surgery Service (Cornea)	Anterior Segment Fellow	
Surgery	Trust funded	Ophthalmology	Primary Care	Specialty Doctor	
Surgery	Deanery	Dental	Dental Core Training	ST1-2	Candidates withdrew
Surgery	Deanery	Dental	Dental Core Training	ST1-2	Candidates withdrew
W&C	Deanery	NICU	NICU	ST4-8	
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST2-3)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST1-3)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST4+)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST1-3)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST4-8)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Clinical Fellow (ST4-8)	Recruited. Awaiting visa
W&C	Trust funded	NICU	NICU	Education Senior Clinical Fellow	
W&C	Trust funded	NICU	NICU	Clinical Fellow	

W&C	Deanery	Paeds ED	Paeds ED	ST3-8	
W&C	Deanery	Paeds ED	Paeds ED	ST3-8	
W&C	Deanery	Paeds ED	Paeds ED	F2	
W&C	Deanery	General Paeds		F2	
W&C	Deanery	General Paeds		ST1-3	
W&C	Deanery	General Paeds		GPVTS	
W&C	Deanery	General Paeds		GPVTS	
W&C	Deanery	General Paeds	Paeds Renal	F2	
W&C	Deanery	Paed Cardiology		ST3-8	
W&C	Deanery	Paed Neurology		ST3-8	
W&C	Trust funded	Paed Neurosurgery		Clinical Fellow ST3-8	
W&C	Deanery	Paed Surgery		ST1-3	
W&C	Trust funded	Paed Surgery		Clinical Fellow ST1-2	
W&C	Trust funded	Paed Surgery		Clinical Fellow ST4-8	
W&C	Deanery	Obs & Gynae		ST3-8	
W&C	Deanery	Obs & Gynae		GPVTS	
D&T	Deanery	Radiology		ST1-3	Not filled by deanery
SpS	Deanery	Cardiology		ST3-8 (0.5)	Vacant until Feb
SpS	Trust funded	Cardiac Surgery		Clinical Fellow ST3-8	Resignation, post being readvertised
SpS	Deanery	Cardiac Surgery		ST3-8	Vacant until Feb
Med	Deanery	General Med	Core Med Training	ST1-2	Maternity
Med	Deanery	General Med	Core Med Training	ST1-2	Sickness
Med	Deanery	General Med		ST3-8	Acting up to Consultant post

e) **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 the total value of fines levied is £1675. It is important to note that £1425 of these fines are levied against the Womens and Childrens

directorate in respect of a trainee who was asked to work a significant number of hours in excess of the new, strict, limits during August. This was due to confusion around the transfer date of the trainee onto the new contract and should be viewed as an isolated event. The fact that fines are otherwise low is positive and reflects the significant work carried out by Divisions prior to implementation to redesign rotas to avoid significant breaches of the safe working limits.

Any fines levied are to be spent by the Junior Doctor Forum (JDF) on additional facilities that are not normally expected to be provided by the Trust as part of the employment of the doctors. The next JDF meeting is in November. Details of how these fines have been spent will be described in the next report.

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 three reports which have raised safety concerns. These, and the actions taken to prevent a recurrence, are detailed below.

Rota	Details of safety concern	Actions taken to prevent recurrence
F1 General Surgery	Due to short notice sickness a junior doctor had to cover the workload of 3 junior doctors. Although some attempts were made to identify colleagues who could help there were no doctors identified to assist. The doctor involved felt that they were forced to work in an unsafe way.	This incident revealed confusion within the Division about what action should be taken in these circumstances – including who was responsible for identifying colleagues who could help and who should try to book a locum doctor. The Division has clarified their policy on this and circulated this to divisional managers and senior staff
2nd on call Ophthalmology	The doctor was required to attend an emergency patient in a neighbouring Trust (as part of cross cover arrangements) and did not finish until very early in the morning. They had a long drive home and were expected to attend work at 8am the next day, shortening their time to sleep to just a few hours	The Division is developing a new policy to clarify that juniors are not expected to attend work the next day under these circumstances. The Trust is working to ensure that there is accommodation available through the Clinical Site Managers for doctors who feel too tired to drive home
Cardiac Anaesthesia ST3+	A junior doctor had to look after an unusually high number of high acuity patients (much higher than that recommended by national ITU guidelines) during a night shift. The Consultant on call who would have normally been able to assist was busy in theatre. The doctor was unable to have any rest breaks during their shift.	This is currently awaiting a solution from the department but has highlighted the difficulty of a rota with only one junior doctor working overnight. I have suggested that the department need to review their arrangements for cross cover from other rotas in events such as this in the future

Issues arising – Other areas of concern

It is clear that there is still variable engagement with the exception reporting process and changing the culture of the organisation so that exception reports are viewed positively by Consultant supervisors remains a priority. There is significant concern, especially from more senior trainees, that submitting exception reports might cause them to be seen as a "trouble maker". I am of the opinion that this is a national issue rather than a specific problem to this Trust and hope that, as the trainees become more used to the new contract, their engagement will improve.

The electronic system which the Trust uses to manage exception reports (Allocate) is still not as developed as that which was demonstrated by NHS employers over 12 months ago. Many of the promised features are still to be delivered by the company.

As described several times above, the "old" system - where responsibility for individual rotas has been devolved to individual departments with little monitoring by Medical HR - is no longer fit for purpose. An electronic eRostering system, such as that currently being considered by the Trust executive is vital for the Trust to be able to improve compliance with Safe Working rules in the new contract. Such a system must also allow the Trust to improve its understanding of the effect of locum working and rota gaps on the stability of rotas.

The new contact has significant new responsibilities (with strict time limits) for the Medical HR team and the Divisional HR business partners. The structure of Medical HR within the Trust and the resource provided for staffing the department appears inadequate to deal with the significantly increased amount of work that the new contract requires. This is especially apparent at times of peak change over of doctors on rotas.

Unfortunately, there was confusion around the terms and conditions being offered to Trust Grade (clinical fellow) doctors in August. This has lead to considerable upset in this group of doctors. The new contract is not suitable for "non training" posts and the Trust has developed a local version of the contract – exact details of when the Trust will transition to this new contract are awaited.

Junior doctor morale remains low in many areas of the Trust. This is a direct result of the protracted contract dispute of last year and failings of the old contract to highlight and resolve structural problems. Again this is a national issue, rather than due to failings of the Trust, but one which should be of concern to all of the Trust executive.

Actions taken to resolve issues

The Junior Doctor Contract Implementation Group, chaired by the Acting 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 and has recently agreed to change its terms of reference to act as an assurance group for future delivery of the contract.

Summary

It is clear that, as in other Trusts, introduction of the new contract has been a significant challenge to the organisation requiring major redesign of junior doctor rotas across the Trust. Although there remain several issues which must be resolved I have every confidence in the Trusts ability to address these issues through the Junior Doctor Contract Group.

Despite there being some aspects of the new contract which are less than desirable – especially the industrial dispute prior to imposition – I have a reasonable amount of confidence that it is helping the Trust to identify long term structural issues which needed to be addressed.

I am content to provide my assurance to the Board that progress is being made in all areas of concern highlighted in this report.

Dr Alistair Johnstone

Guardian of Safe Working

Sept 2017