QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING October 2019

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 and other issues which affect safe working practices of junior doctors. This report will be submitted to the People Committee of the Trust 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

The 2016 contract, and a locally adapted version of it, is now used for all training grade doctors (and local equivalents) employed by the Trust from August 2019. There continues to be a small number of doctors employed on the 2002 TCS but it expected that this number will decline with rotations to new posts over the coming 12 months. It is unlikely that we will have anyone employed on the old TCS beyond August 2020.

High level data

Number of doctors / dentists in training (total):	638
No of locally employed doctors on 2018 TCS	150
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

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.

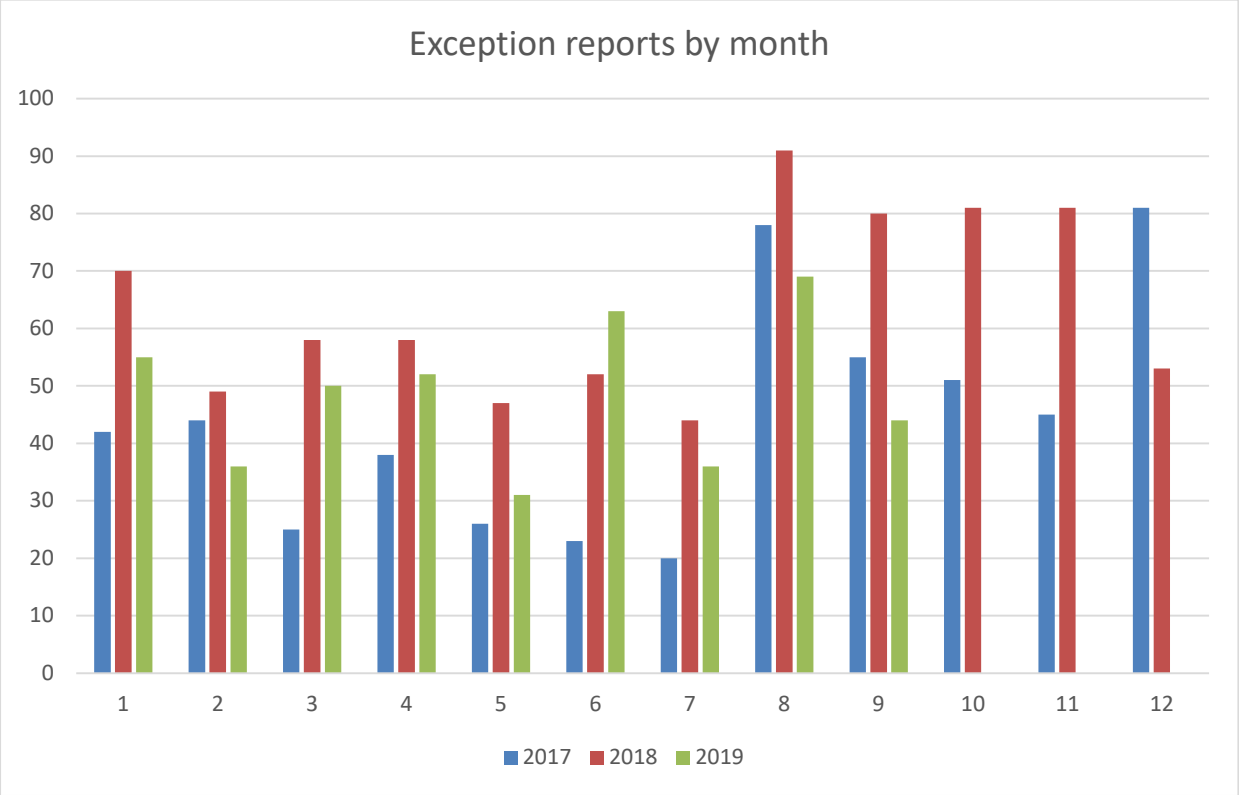
The new system requires the junior doctors clinical or educational supervisor to meet with the doctor and discuss the reasons for each report being submitted before (in the case of additional hours) a decision being agreed to either allow the doctor compensatory time off in lieu or payment for the additional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

There are strict time limits proscribed in the contract for supervision meetings / completion of the exception report to take place (7 – 14 days depending on the type). Reliably meeting this target has been challenging but concerted action from Medical HR and the divisional teams has seen improvement over the past 6 months with around 65% completed on time. It remains difficult to ensure compliance with the remained of reports due to the complexities of working patterns, doctors leave and limited supervisor time available to undertake these reviews.

Since the 1st of January 2019:

Status at 1st October	Number of reports
Complete	322
Pending / incomplete	106
Waiting for junior doctor final agreement	8
Total	**436**

During 2019 there has been a slight decrease in exception reports in most months compared to 2018. It is difficult to know the exact reason for this – it hopefully means that work in previous years on improving rota arrangements is starting to have an effect but it could also represent a reduction in engagement with the system by junior doctors. Informal feedback from Junior Doctor Committees is that the picture is generally more positive than in previous years, a reflection of the significant work being carried out by rota coordinators and individual departments.



There is a growing acceptance across more senior grades of doctors that exception reporting is an important process to highlight problem areas within the Trust. In the first year there was significant reluctance from these grades to report problems due to a culture of "not causing a fuss". However, this pattern has noticeably changed over the past year with a much more even spread of reports across the various grades of doctor.

	No of reports
2016	46
Foundation 1	46
Senior trainee	1
2017	**528**
Foundation 1	337
Junior trainee	129
Senior trainee	62
2018	**764**
Foundation 1	227
Junior trainee	307
Senior trainee	165
2019 (to 1st October 2019)	**436**
Foundation 1	155
Junior trainee	116
Senior trainee	165
Grand Total	**1775**

The system is designed to allow doctors in training to report both the requirement to work additional hours and when they are unable to achieve agreed educational activities (such as teaching) due to excessive workload. The vast majority of reports are for additional hours worked and ongoing encouragement of trainees to use the system to highlight missed education is required.

	No of reports
2016	47
Educational	2
Hours	40
Pattern	5
2017	**528**
Educational	29
Hours	485
Pattern	8
Service Support	6
2018	**764**
Educational	57
Hours	673
Pattern	30
Service Support	4
2019	**436**
Educational	41
Hours	375
Pattern	19
Service Support	1
Grand Total	**1775**

Full detail of the number of monthly reports from each rota in the Trust is shown in Appendix A.

b) Work schedule reviews

The contract has introduced 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. The Trust has purchased an eRostering solution (Allocate) however roll out has been slower than expected. This remains a significant concern.

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.

Until an eRostering system is fully established there is no effective way of monitoring the additional work below against the safe working limits described in the contract.

Whilst many junior doctors welcome the ability to carry out additional work the effect that these additional hours have on fatigue and morale is of concern. This recurring internal locum usage suggests that additional staff may be required in certain areas to make rotas more resilient to fluctuation in staff numbers.

No of hours / month additional activity by junior doctors:

Division	**April 19**	**May 19**	**June 19**	**July 19**	**August 19**
W&C	841 (hours)	1378	619	1626	3023
Med	960	1255	760	1572	1584
SH&N	1523	1613	1608	2208	1623
SpS	703	529	571	1105	907
D&T	6	72	34	54	63
TOTAL Additional Hrs	**4033**	**4874**	**3592**	**5575**	**7200**

The total cost of this additional work over the 5 months above was £1,205,842

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	Number of shifts worked.	Number of hours.	Accumulative number of shifts Jan 19 to date.	Accumulative number of hours Jan 19 to date.
W&C	9	99	57	581
Med	30	240	631	3485
SH&N	45	404	253	2662
SpS	0	0	331	2778
D&T				
TOTAL	**84**	**743**	**1272**	**9506**

d) Vacancies

Vacancies were reported in the annual "rota gap report" in July 2019. An updated version of current rota gaps is being produced by Medical HR for distribution to divisional teams on a more frequent basis.

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 medical sickness absence remain static at around 1% of the total number of potential shifts worked. This is significantly lower than other staff groups.

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.

This year there have been 6 immediate safety concerns raised. The actions taken are also shown.

Rota	Details of safety concern	Actions taken to prevent recurrence
Haematology ST3 - 8	Doctor required to act down for SHO illness at 30 minutes notice for on site night shift, was on site 0900-2030 and returned for night shift from 2100.	Significant work on this rota over the past few months to improve resilience.
Haematology ST 3-8	4h additional work as resident over Saturday night with no provision for rest on Sunday. Required to work Sunday day and night until Monday morning 9am.	Significant work on this rota over the past few months to improve resilience.
Paediatric Cardiology ST 3-8	Supposed to be on call from 0900hr to 0830hr (the following day). With one colleague being off sick I had to start from 0800hr and leave on 0900hr the following day, this is to cover both service and consult which are normally covered by at least 2 registrars. I had only one SHO on the day but she had to cover the surgical pre-admission clinic on the same. It's resulted in delayed discharges and admissions as well as postponing some routine referrals.	There have been significant staffing issues over the summer which have, hopefully, improved since the recent rotation in September
Gen Med F1	Carried both F1 bleeps as no CSM as well as the SHO bleep	Raised with divisional management and rota coordiantors
Gen Med SHO	Ward cover. WW1 SHO cover. F1 on WW1 cover moved to nights. No alternative cover organised and not communicated prior to the shift on Sunday. Asked to cover both F1 and SHO jobs and bleeps (both crash bleeps) at morning board round. Inevitably very busy day - limited chance for a break approx. 15-20minutes for 13 hour day.	Changes have been made to this rota and a detailed escalation plan in place to reduce risk of recurrence.
Gen Paed ST 4+	Covering team 1 and team 2 at the same time to cover long term vacancy in rota.	Rota gap which has been resolved as of Sept 19. Significant attempts were made by the department to avoid this occurring but unable to resolve in time.

Issues arising – Other areas of concern

Contract changes

The 2016 contract has been changed following discussions between NHS employers and the BMA. Full details of these changes are included in Appendix B.

2 of the changes – reduction in frequency of weekend working to 1:3 weekends and reduction in the number of consecutive long shifts – have the potential to cause significant issues for several departments in the hospital. The rotas affected are:

Adult ED SHO (currently weekend frequency of 1:2)

Adult ED Middle Grade (1:2)

Cardiothoracics ST3+ (1:2.6 on clinical fellow rota)

Cardiothoracics CT1-2 (1:2.89)

Foundation ICU (1:2.7)

Anaesthetics ITU (1:2.4)

Microbiology ST3-8 (local agreement already signed off for 7 days on-call working)

Paeds ED ST1-3 (1:2.2)

Paeds ED FY2 & GPVTS (1:2.6)

Paeds Cardiac Surgery (1:2)

PICU ST3+ (1:2.5)

Gen Paeds ST1-3 (1:2.6)

These changes are being introduced gradually over the coming months and affected departments have been asked for an action plan to address these.

Increased requirement for breaks during long shifts have also been introduced – a campaign of information and encouraging breaks (based on the HALT campaign from Guy's and St Thomas' NHSFT) is planned for the next few months.

eRostering

The roll out of eRostering across the Trust for junior doctor staffing is progressing slower than planned. This means that several of the key funcations of the contract – such as work service reviews and managing additional locum work within the safety rules – are extremely difficult to implement. Ongoing support and encouragement for this project is essential to ensure it is successful.

Areas of particularly high workload / with training concerns

There are certain areas of the Trust where trainee workload and lack of time for clinical supervision is threatening junior doctors morale and job satisfaction. There are particular issues in Haematology / Oncology rotas, some paediatric rotas and in Trauma and Orthopaedics (which remains under enhanced monitoring from the GMC and the Deanery)

There is a growing reputational risk for the Trust if the situation on these rotas does not improve.

Summary

It continues to be a challenging time for junior doctors across the NHS. UH Bristol is not alone in having problems with junior doctor staffing but I am encouraged by how engaged clinicians and managers are in trying to address issues when they arise.

Changes to the contract have the potential to cause problems ensuring safe levels of staffing in some areas over the coming months.

Dr Alistair Johnstone

Guardian of Safe Working

October 2019

Appendix A – Full details of exception reports by rota for 2019

2019	**436**
Jan	**55**
Actual Gen Med F1 Dec 18 - Apr 19	13
General Surgery FY1 Dec 18 - Apr 19	12
General Surgery FY1 Dec 18 - Apr 19 (0.6)	6
Haematology ST3-8 Feb 18 - Aug 18	9
Haematology/Oncology F2/ST1-2 Dec-Apr 2019	7
ICU (Registrars) Nov 18 - Feb 19	2
NICU ST1-3 Sep18-Feb19 (tier 1)	1
Obs and Gynae ST3-8 Jan 18 - Sep 18 (LTFT)	1
Palliative Care ST3-8 Aug 17 - Aug 18 (StPH)	2
PICU ST6-8 Sep 18	2
Feb	**36**
Actual Gen Med F1 Dec 18 - Apr 19	10
Actual Gen Med Reg Dec 18 - Apr 19	1
Actual Gen Med SHO Dec 18 - Apr 19	2
Gen Anaes 2nd OC Feb-Mar19 (WH; MG)	1
General Anaesthetic 1st OC Feb-May 19 (CW;	1
General Surgery FY1 Dec 18 - Apr 19	2
General Surgery FY1 Dec 18 - Apr 19 (0.6)	2
Haematology ST3-8 Feb 18 - Aug 18	7
Haematology/Oncology F2/ST1-2 Dec-Apr 2019	4
ICU (Registrars) Feb 19 - April 19	1
NICU ST1-3 Feb19-Sep19	1
Obs Feb-April 19	4
March	**50**
Actual Gen Med F1 Dec 18 - Apr 19	9
Actual Gen Med SHO Dec 18 - Apr 19	4
Cardiac Anaes ST3-8 Feb - Apr 19	1
Gen Med F1 3 Apr 19 - 6 Aug 19	3
General Surgery FY1 Dec 18 - Apr 19	8
General Surgery FY1 Dec 18 - Apr 19 (0.6)	2
GenPaeds ST1-3 Mar 19	1
Haematology ST3-8 Feb 18 - Aug 18	12
Haematology/Oncology F2/ST1-2 Dec-Apr 2019	6
ICU (Registrars) Feb 19 - April 19	1
Obs Feb-April 19	1
PICU ST3-8 Mar 19	2
April	**52**
Gen Anaes 2nd OC Feb-May 19 (LT; AA)	1
Gen Med F1 3 Apr 19 - 6 Aug 19	10
Gen Med SHO 3 Apr 19 - 6 Aug 19	2
General Surgery FY1 - Apr-Aug 19	18

GenPaed ST4+ (1 in 9 w/ Specialities) Mar 19	3
Haematology ST3-8 Feb 18 - Aug 18	4
Haematology ST3-8 Jan 18 - Aug 18 (LTFT)	2
Haematology/Oncology F2/CMT 1-2 Apr-Aug 2019	1
HDU FY2 Apr-Aug 19	2
ICU (ACCS) Feb 19 - April 19	1
ICU (Registrars) Feb 19 - April 19	2
NEW Haematology ST3-8 May 19 - Sept 19	2
O&G FY2 & ST1-2 Aug 18	3
Ophthalmology ST3-8 Aug18-Aug19 (1st On Call)	1
May	**31**
Gen Med F1 3 Apr 19 - 6 Aug 19	3
Gen Med SHO 3 Apr 19 - 6 Aug 19	2
General Surgery FY1 - Apr-Aug 19	1
GenPaeds ST1-3 Mar 19	3
Haematology ST3-8 Jan 18 - Aug 18 (LTFT)	1
Haematology/Oncology F2/CMT 1-2 Apr-Aug 2019	2
HDU FY2 Apr-Aug 19	3
ICU (Registrars) May-Aug 19	2
NEW 0.8wte Haematology ST3-8 May 19 - Sept 19	1
NEW Haematology ST3-8 May 19 - Sept 19	4
NICU ST1-3 Feb19-Sep19	1
Obs Rota May-Aug19 (Reg)	3
Paeds Anaesthesia Aug18	5
June	**63**
Gen Med F1 3 Apr 19 - 6 Aug 19	7
Gen Med SHO 3 Apr 19 - 6 Aug 19	4
General Surgery FY1 - Apr-Aug 19	2
GenPaed ST4+ (1 in 9 w/ Specialities) Mar 19	12
GenPaeds ST1-3 Mar 19	2
Haematology/Oncology F2/CMT 1-2 Apr-Aug 2019	6
ICU (Registrars) May-Aug 19	3
NEW 0.8wte Haematology ST3-8 May 19 - Sept 19	3
NEW Haematology ST3-8 May 19 - Sept 19	3
NICU ST1-3 Feb19-Sep19	9
NICU ST4-8 Feb19-Sep19 LTFT 0.8	2
O&G FY2 & ST1-2 Aug 18	3
Obs Rota May-Aug19 (Reg)	2
Oncology ST3+ Mar 19 - Oct 19	1
Ophthalmology ST3-8 Aug18-Aug19 (2nd On Call)	1
Paediatric Cardiology ST3-8 Sep18-Mar19	1
Paeds Anaesthesia Aug18	2
July	**36**
Cardiac Anaes ST3-8 May-Aug19	1
Gen Anaes 1st on-call May-August 2019	1
Gen Med F1 3 Apr 19 - 6 Aug 19	5

Gen Med SHO 3 Apr 19 - 6 Aug 19	5
General Surgery FY1 - Apr-Aug 19	4
General Surgery FY1 - Apr-Aug 19 - Cridford	2
GenPaed ST4+ (1 in 9 w/ Specialities) Mar 19	2
GenPaeds ST1-3 Mar 19	2
HDU FY2 Apr-Aug 19	1
ICU (Registrars) May-Aug 19	6
NEW 0.8wte Haematology ST3-8 May 19 - Sept 19	1
NEW Haematology ST3-8 May 19 - Sept 19	3
NICU ST1-3 Feb19-Sep19	1
Ophthalmology ST3-8 Aug18-Aug19 (2nd On Call)	2
August	**69**
60% ICU (Registrars)	1
Cardiac Anaes ST3-8 May-Aug19	1
Gen Anaes 1st on-call May-August 2019	3
Gen Med F1 7 Aug 19 - 2 Dec 19	14
Gen Med SHO 7th Aug - 3rd Dec 2019	10
Gen Med ST3+ 3 Apr 19 - 6 Aug 19	3
General Surgery FY1 - Apr-Aug 19	3
General Surgery FY1 - Aug 19	6
GenPaed ST4+ (1 in 9 w/ Specialities) Mar 19	3
GenPaeds ST1-3 Mar 19	8
GICU (F2) - Aug 19	1
Haematology/Oncology F2/CMT 1-2 Aug 19 - Dec 19	4
JM SHO 7.8.19	10
NEW 0.8wte Haematology ST3-8 May 19 - Sept 19	2
Sept	**44**
60% ICU (Registrars)	1
Cardiology Education Fellow Aug 2019	4
Gen Med F1 7 Aug 19 - 2 Dec 19	8
Gen Med Reg 7 Aug 19 - 3 Dec 19	3
Gen Med SHO 7th Aug - 3rd Dec 2019	10
General Surgery FY1 - Aug 19	5
General Surgery FY2&CT - Aug19	3
GenPaed ST4+ (1 in 9 w/ Specialities) Mar 19	1
Haematology Education Fellow Aug 2019	3
Haematology/Oncology F2/CMT 1-2 Aug 19 - Dec 19	1
JM SHO 7.8.19	5

Appendix B – Rota rule changes 2019

Junior doctors
2018 contract refresh

NHS Employers
Part of the NHS Confederation

Factsheet: Safety limits and rest

The below table highlights the changes to the safety limits and rest provisions between the 2016 terms and conditions and the 2018 contract refresh. For full details please refer to schedule 3 of the terms and conditions of service (TCS).

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.