

Board of Directors: 08.03.18
 Agenda Item: Bo.3.18.10

DECEMBER 2017 QUARTERLY BOARD REPORT GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING

Presented by:	Dr Bryan Gill Medical Director	Author:	Dr Andrew Brennan Guardian of Safe Working Hours
Previously considered by:	Education and Workforce Sub Committee – 19.01.18 Workforce Committee – 31.01.18		

Key points	Purpose:
1. Obstetrics and gynaecology trainees are frequently working beyond contracted hours. Action is required. Options are being considered by division.	To discuss and note
2. The re-convened Junior Doctor Forum is in place. Feedback and engagement from trainees is forthcoming.	To discuss and note
3. Ongoing support is needed to ensure consultant engagement with the 2016 junior doctor contract requirements.	To discuss and note
4. Proposal: Quarterly report through the Workforce Committee. Annual Report to the Board of Directors.	To discuss and approve

Executive Summary:
Exception reporting by junior doctors continues to highlight workload concerns in certain specialties, in particular obstetrics and gynaecology. Supervisor engagement with the exception reporting process is improving as the new processes become embedded. Trainees have an opportunity to feedback through the re-convened Junior Doctor Forum.

Financial implications:
No
Choose an item.
Choose an item.
Choose an item.
Choose an item.
Choose an item.

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Regulatory relevance:

Monitor:	Quality Governance Framework
	Choose an item.
	Choose an item.
	Choose an item.

Equality Impact Implications:	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>

Other:

Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To provide outstanding care for patients
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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Introduction

The 2016 junior doctor contract requires the Guardian of Safe Working Hours to submit a quarterly report to the board to provide assurance that doctors and dentists in training are working safe hours. Information on exception reporting, work schedule reviews, rota gaps and fines levied will be presented. This report covers the period 1 September 2017 – 30 November 2017.

High level data

Number of doctors/dentists in training (total):	357
Number of doctors/dentists in training on 2016 contract (total):	316

Exception reports

Trainees submit exception reports if working beyond contracted hours or educational opportunities are missed. The Guardian monitors hours-related reports, while the Director of Education monitors training-related reports.

There were 155 exception reports submitted for this quarter. Only 2 were training-related reports, submitted by an ST in radiology and a CT in general surgery. 18 reports remain open, all related to hours/rest. In total, 467 additional hours were reported by junior doctors.

Table 1 shows the top 4 reporting specialties. Table 2 shows the immediate outcomes of exception reports. Fig 1 shows the hours-related exception reports for this period.

Table 1: Number of exception reports by top 4 specialties September-November 2017.

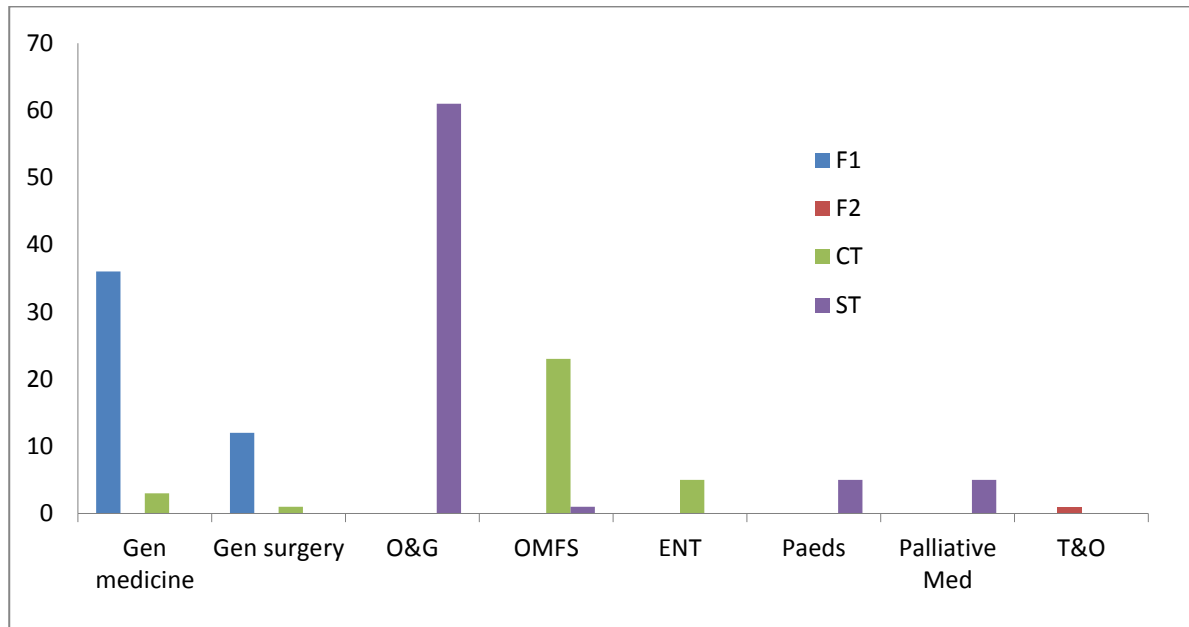
September – November 17	
Specialty	
O&G	61
General medicine	39
OMFS	24
General surgery	14

Table 2: Exception report outcomes September-November 2017.

September – November 17	
Exception report outcomes	
Payment	76
TOIL	41
No action	20
Yet to respond	18

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Fig 1: Exception reports (hours/rest) by specialty and training grade September-November 2017.



Work schedule reviews

Every trainee agrees a work schedule with their educational supervisor. A work schedule review takes place when changes are needed to ensure safe working hours or to provide better training opportunities. None were undertaken in this quarter.

Rota gaps

A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training.

Table 3 shows gaps for this quarter.

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Table 3: Rota gaps with cover September-November 2017.

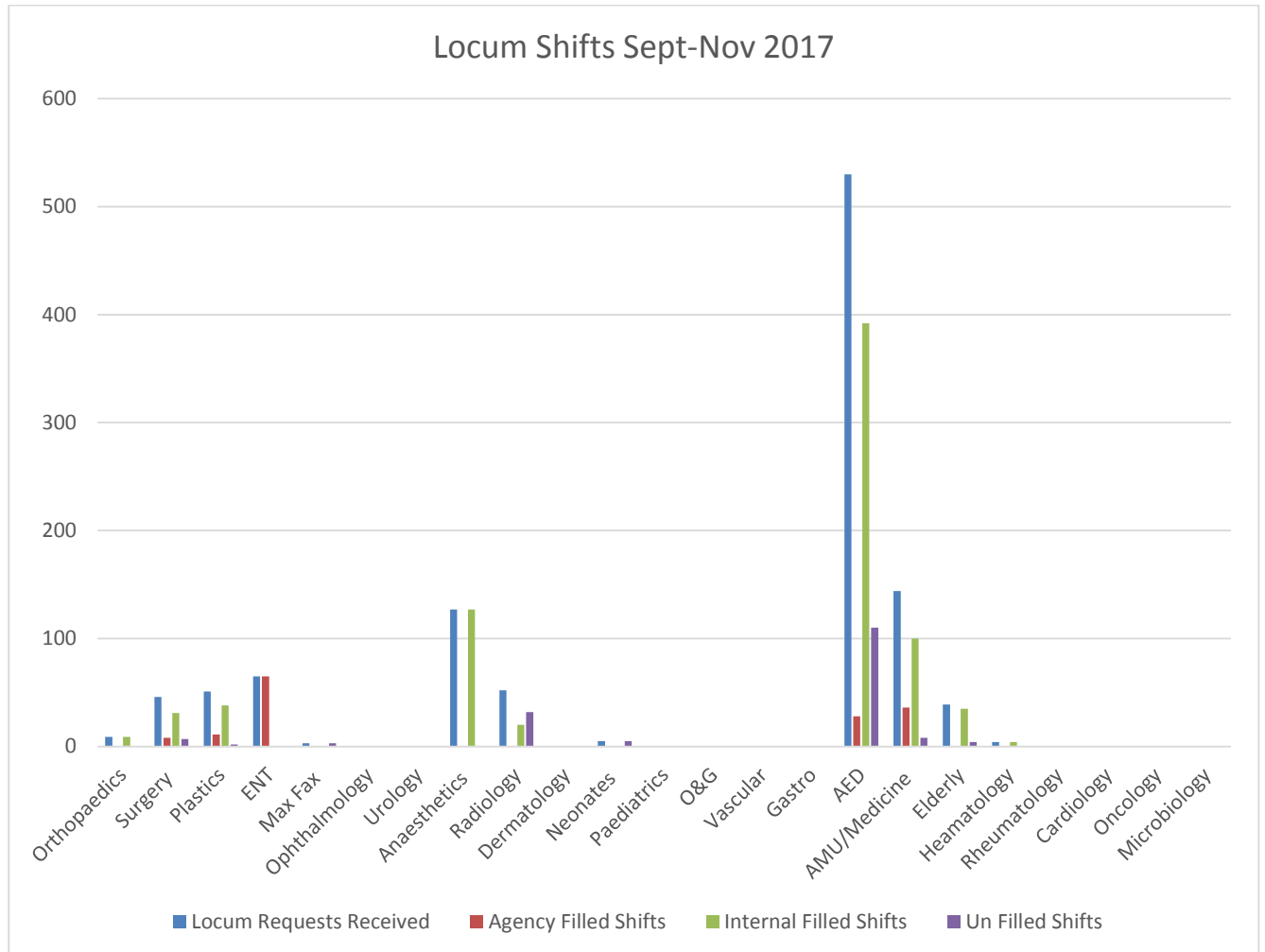
Vacancies by month					
Specialty	Grade	Sep 17	Oct 17	Nov 17	Number of shifts uncovered
Acute Medicine	F2	1	1	1	Covered by Fellow
Acute Medicine	ST3+	1	1	0	Unfilled
AED	F2	1	1	1	Covered by Fellow
AED	GPStR	1	1	0	Unfilled
AED	CT3	1	1	1	Unfilled
AED	ST4+	2	2	2	Unfilled
Anaesthetics	ST3+	1	1	1	Covered by MTI
Dental	CT	1	1	1	Unfilled
Elderly Medicine	GPStR	1	1	1	Covered by Fellow
General Surgery	F2	0	1	1	Covered by Fellow
Haematology	ST3+	1	1	1	Unfilled
Neonates	ST1/2	2	1	1	Unfilled
Nephrology	ST3+	1	1	1	Covered by MTI
Neurology	ST3+	1	1	1	Unfilled
O&G	GPStR	2	2	1.4	Covered by Fellow (1)
O&G	ST3+	2	1	1	Unfilled
Orthopaedics	ST3+	0	1	1	Unfilled
Paediatrics	ST4+	1	1	1	Post removed from rota
Respiratory Medicine	ST3+	1	1	1	Unfilled
Stroke / Neurology	F2	1	1	1	Covered by Fellow
Totals		22	22	19.4	

Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. See Fig 2.

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Fig 2: Locum shifts September-November 2017.

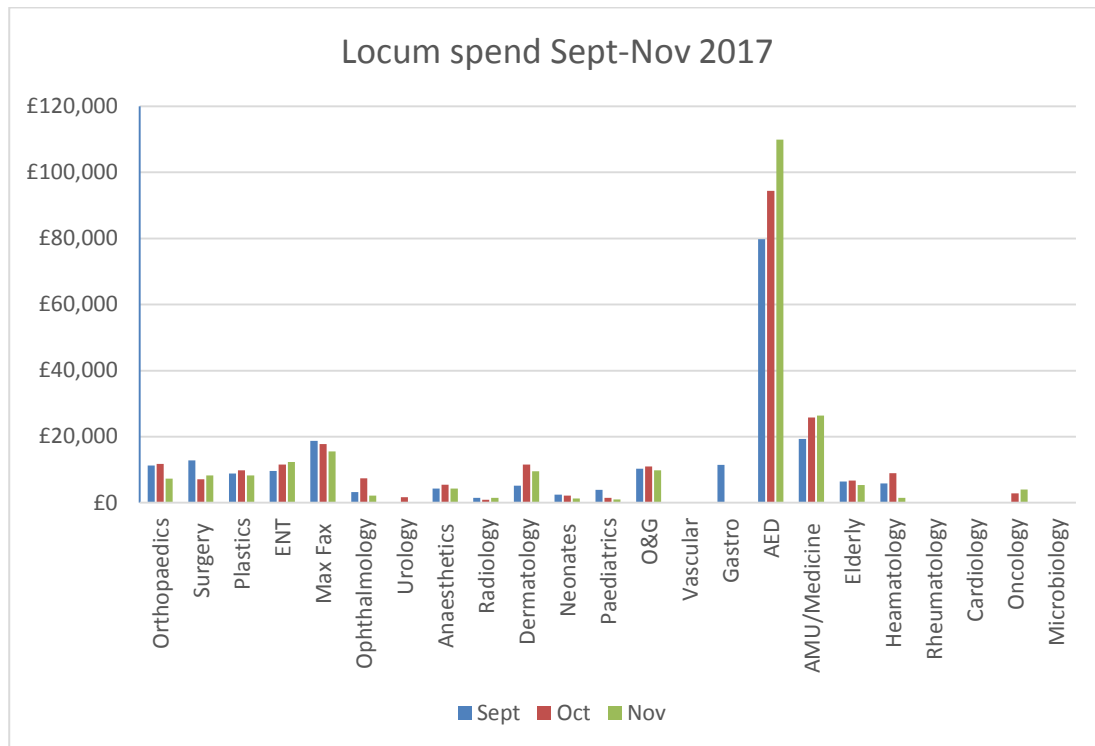


Monthly locum spend on junior doctor cover is shown in Fig 3.

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Fig 3: Locum junior doctor rota cost by month (£) September-November 2017.



Fines

The Guardian levies a fine against a department if contract rules on hours or breaks are broken. Some is paid to affected doctors with the remainder being disbursed via the Junior Doctor Forum to improve the working lives of junior doctors during their time in Bradford. No fines have been levied in this quarter; however, the reports submitted so far are likely to generate fines which would need to be imposed in due course.

Qualitative information

- Positive feedback has been received about quality of training and supervision in paediatrics and plastic surgery, via our Junior Doctor Forum (JDF).
- MAU workload is heavy but recent initiatives have improved the working lives of junior doctors.
- EPR introduction proved challenging in terms of completing tasks in a timely manner and did initially generate some exception reports.
- There has been an anecdotal report of a supervisor discouraging exception reporting highlighted during the November JDF meeting.

Issues arising

- The exception reporting rate continues to rise.
- Obstetrics and gynaecology are a high reporting outlier. Shift finish times do not coincide with finish times of clinics and theatre sessions, which usually require STs to stay until completed.
- F1s in surgery and medicine have a heavy workload which frequently cannot be completed within the contracted working hours; hence the high exception reporting rate for this cohort.

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- Maxillofacial surgery trainees often find themselves still working in theatre when shifts have completed.
- Generally, engagement with the 2016 junior doctor contract by consultants is improving. Many supervisors are responding to exception reports appropriately and in a timely manner. However, a significant number have been slow to engage leaving some trainees in limbo for a long period of time.
- A high locum requirement remains in Emergency Medicine and General Medicine.
- Changes to bring about an improvement in late finishes and missed breaks, without impacting on training quality, are challenging.

Actions taken to resolve issues

- I have discussed the high level of exception reporting with the specialty lead in O&G. The problems are multifactorial and are being considered by the specialty and division.
- Divisional general managers receive a monthly divisional summary of exception reports, including additional pay implications.
- Those supervisors who are slow to respond to exception reports have been sent reminders and offered support with the process.
- 2 further face-to-face training sessions have been held by me during this quarter. Attendance was low with 6 consultants in total attending.
- Associate College Tutors are now in post. A new Junior Doctor Forum has been convened and met in November. This provides an opportunity for feedback by trainees through their reps. Trainee input to solutions is encouraged.
- Through the JDF, I have encouraged trainees to speak to me confidentially if supervisors are discouraging of the exception reporting process.

Summary

- Obstetrics and gynaecology trainees are frequently working beyond contracted hours. Action is required. Options are being considered by division.
- Action is required to ensure F1s work within contracted hours. To be picked up with divisions.
- The re-convened Junior Doctor Forum is in place. Feedback and engagement from trainees is forthcoming.
- Ongoing support is needed to ensure consultant engagement with the 2016 junior doctor contract requirements.