

Board of Directors: 12.07.18

Agenda Item: Bo.7.18.41

APRIL 2018 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:	Workforce Committee – 30.05.18 (Agenda W.5.18.10)		

Key points	Purpose:
1. Obstetrics and gynaecology trainees continue to report exceptions. However changes to their work patterns are being monitored and anticipate improvements.	To receive
2. The haematology senior trainee rota is under review with additional support being provided by locum medical staff.	To receive

Executive Summary:
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 December 2017 – 31 March 2018.

Financial implications:
No

Regulatory relevance:

Monitor:	Quality Governance Framework
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Equality Impact / Implications:	<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>
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Other:	
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Strategic Objective:	To deliver our financial plan and key performance targets
<i>Reference to Strategic Objective(s) this paper relates to</i>	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 December 2017 – 31 March 2018.

High level data

Number of doctors/dentists in training: 357

Number of doctors/dentists in training on 2016 contract: 310

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 132 exception reports submitted for this quarter.

10 highlighted concerns about training/missed educational opportunities, and concerned anaesthetics, general medicine, general surgery, elderly care, O&G, ENT and orthopaedics.

31 reports remain open, 1 of which is education-related. In total, 159 additional hours were reported by junior doctors.

Table 1 shows the top 5 reporting specialties. Table 2 shows the immediate outcomes of exception reports. Fig 1 shows the hours-related exception reports for this period.

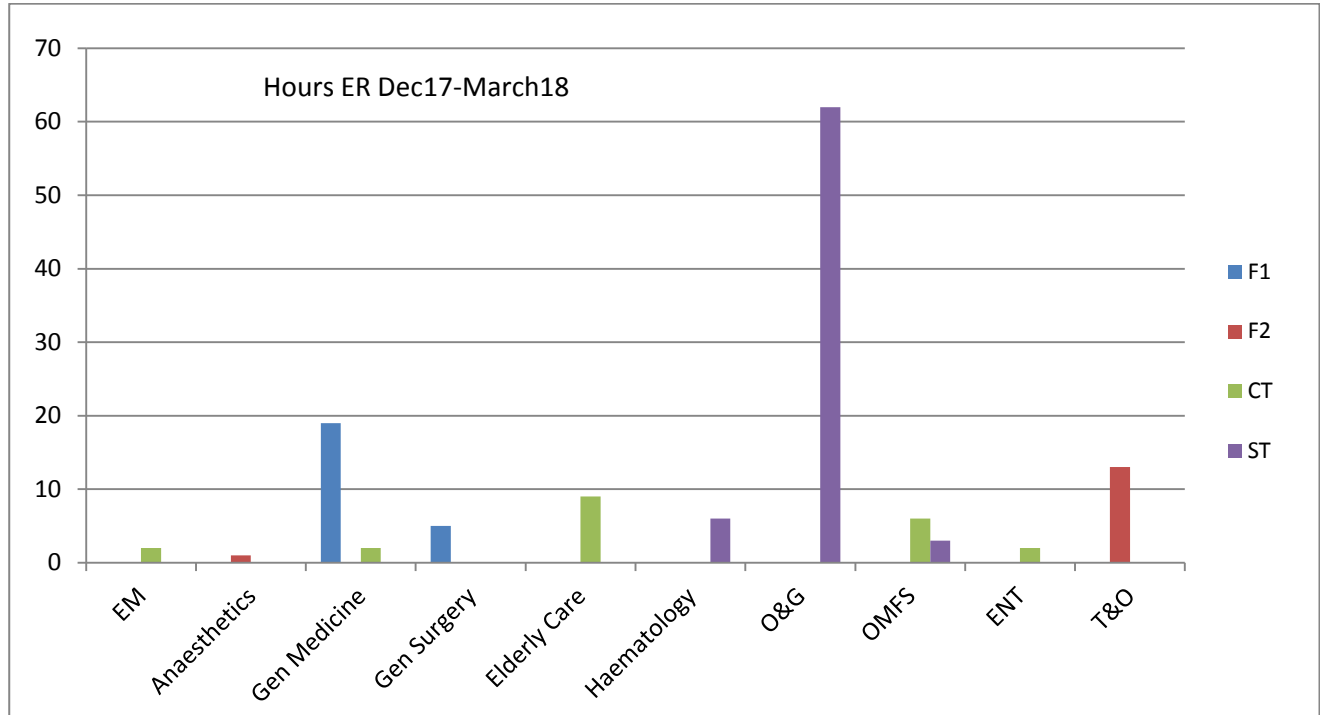
Table 1: Number of exception reports by top 5 specialties December 17-March 2018.

December 17 – March 18	
O&G	62
General medicine	21
T&O	13
Elderly Care	10
OMFS	9

Table 2: Exception report outcomes December 17-March 2018.

December 17 – March 2018	
Payment	66
TOIL	7
No action	29
Yet to respond	30

Fig 1: Exception reports (hours/rest) by specialty and training grade December 17-March 2018.



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.

A work schedule review has looked at shift times for STs in O&G. These have been altered to ameliorate a mismatch between trainee work times and clinical need.

A pre-2016 haematology rota was being worked and has now been changed to the 2016 TCS-compliant rota.

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 December 17-March 2018.

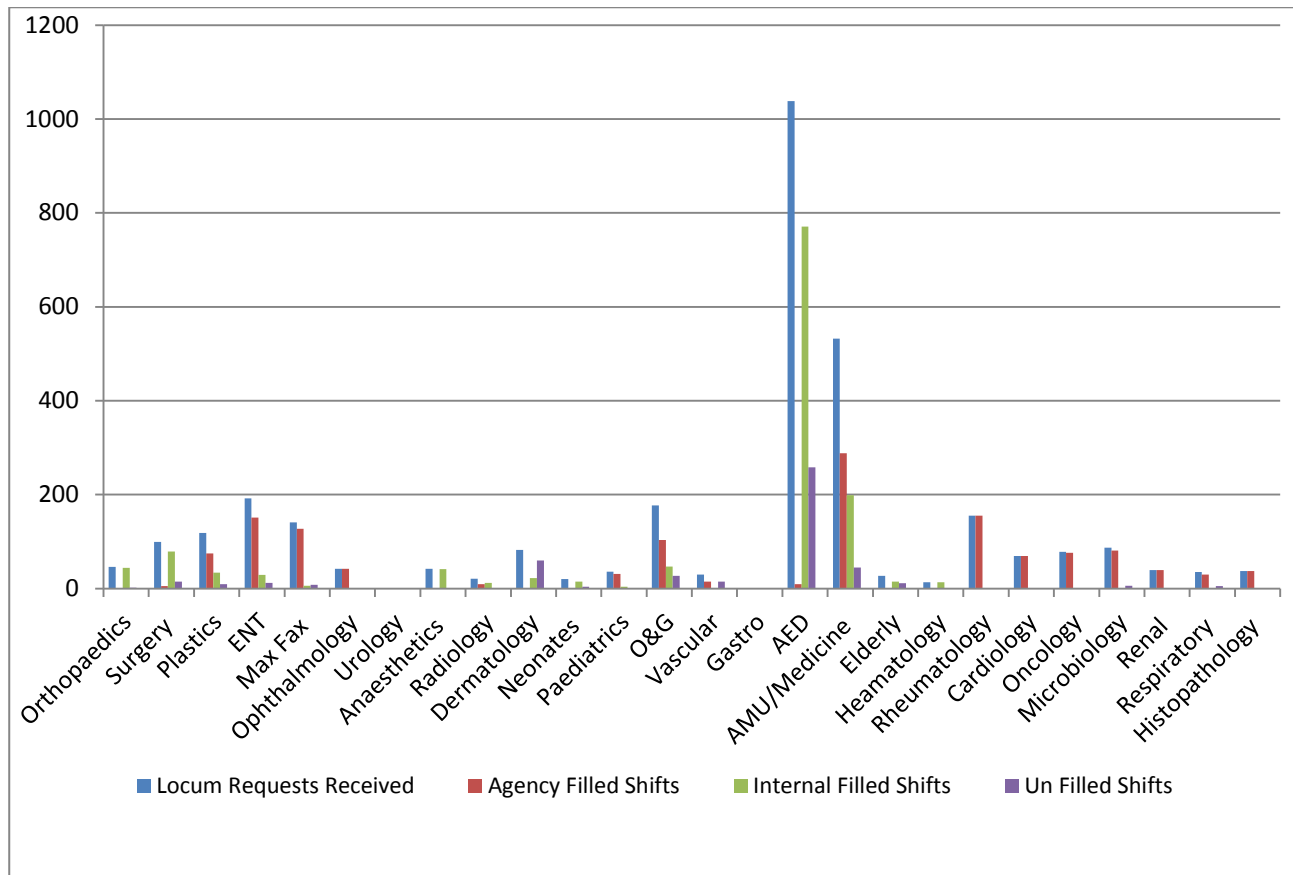
Specialty	Grade	Dec 17	Jan 18	Feb 18	March 18	Cover
Acute Medicine	F2	1	1	1	1	Covered by Fellow
AED	F2	1	1	1	1	Covered by Fellow
AED	GPStR	1	1	2	2	Unfilled
AED	CT3	1	1	0	0	Unfilled
AED	ST4+	2	2	1	1	Unfilled
Anaesthetics	ST3+	1	1	1	1	Covered by MTI
Cardiology	ST3+	0	0	0	1	Unfilled
Elderly Medicine	GPStR	1	1	1	1	Covered by Fellow
Elderly Medicine	F2	1	1	1	1	Covered by Fellow
ENT	ST3+	0	0	1	1	Unfilled
ENT	GPStR	0	1	0	0	Unfilled
General Surgery	F2	2	2	2	2	Covered by Fellow (1)
Haematology	ST3+	1	1	1	1	Covered by Fellow
Neonates	ST1/2	1	1	0	0	Unfilled
Neurology	ST3+	1	1	1	1	Unfilled
O&G	GPStR	1.4	1.4	1.4	1.4	Covered by Fellow (1)
O&G	ST3+	1	1	1	1	Unfilled
Orthopaedics	ST3+	1	1	1	1	Unfilled
Orthopaedics	CT	0	0	2	2	Unfilled
Paediatrics	ST4+	1	1	0	0	Post removed from rota
Respiratory Medicine	ST3+	1	1	0	0	Covered by Fellow
Totals		19.4	20.4	18.4	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 December 17-March 2018.

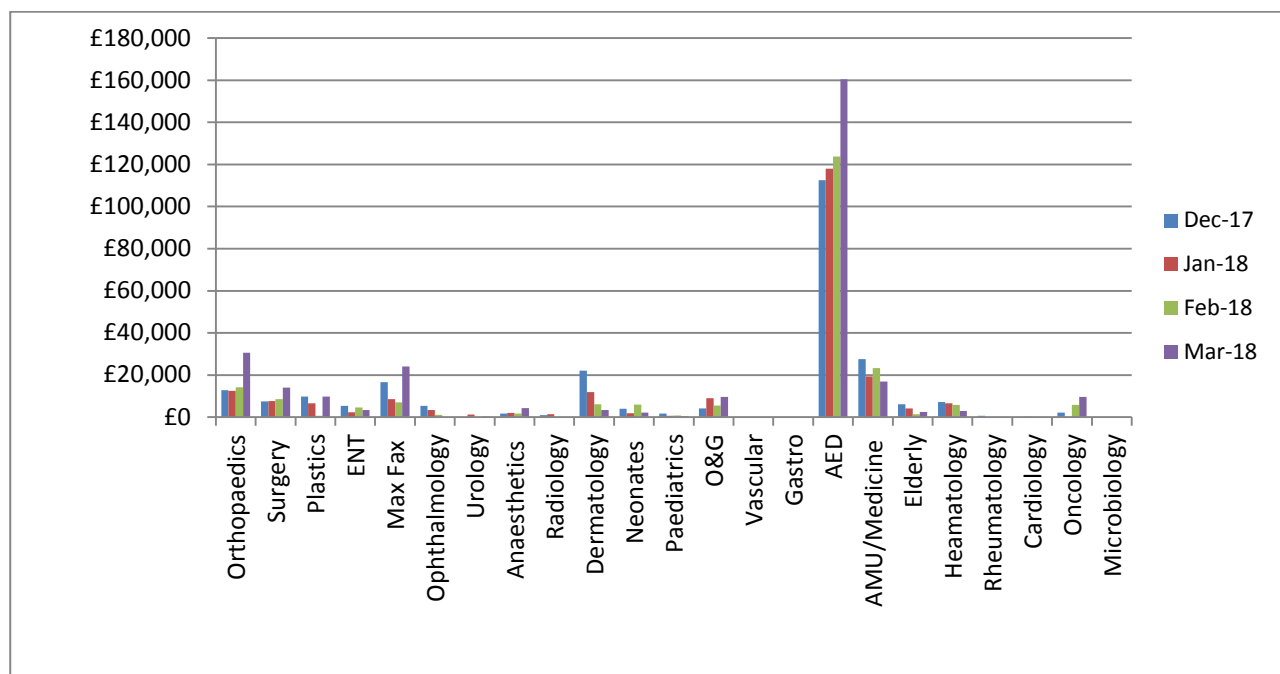


Monthly locum spend on junior doctor cover is shown in Fig 3.

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Fig 3: Locum junior doctor rota cost by month (£) December 17-March 2018.



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 may generate fines which would need to be imposed in due course.

Qualitative information

- MAU workload remains heavy. Concerns have been raised around missed teaching and departmental induction.
- Feedback from senior O&G trainees suggests a significant difference between trainee shift times and clinical sessions, as reflected in the exception reporting rate.

Issues arising

- Obstetrics and gynaecology continue to be a high exception reporting outlier.
- General medicine (F1s), T&O (F2s) and Elderly Care (CTs) are also submitting reports due to high workload.
- For the first time, haematology STs have exception reported. This reflected a non-compliant short-staffed rota which had not been updated to the 2016 compliant version by the department. Gaps are being covered by locums, both by consultants and junior doctors.
- A high locum requirement remains in Emergency Medicine and General Medicine.
- Calculating guardian fines is challenging with the existing exception reporting platform.

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Actions taken to resolve issues

- Dr David Robinson, Director of Education, is to meet with Dr Walker, to discuss MAU concerns.
- Work schedule reviews have examined O&G and haematology, and led to changes in work patterns.
- Divisional general managers continue to receive a monthly divisional summary of exception reports, including additional pay implications.
- The JDF meets quarterly and continues to provide a useful opportunity to discuss concerns and opportunities.

Summary

- Obstetrics and gynaecology trainees continue to report exceptions. However changes to their work patterns are being monitored and anticipate improvements.
- The haematology senior trainee rota is under review with additional support being provided by locum medical staff.