

Meeting Title	Board of Directors		
Date	11.07.19	Agenda item	Bo.7.19.49

2018-19 ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Presented by	Dr Bryan Gill, Chief Medical Officer		
Author	Dr Andrew Brennan, Guardian of Safe Working Hours/Consultant Anaesthetist		
Lead Director	Dr Bryan Gill, Chief Medical Officer		
Purpose of the paper	Provide assurance that Doctors and Dentists in training are working safe rotas and are compliant with terms and conditions		
Key control	Key Control for Strategic Objective 3		
Action required	To note		
Previously discussed at/informed by	Details of any consultation		
Previously approved at:	Committee/Group	Date	
	Workforce Committee	26.06.19	

Key Options, Issues and Risks

The 2016 junior doctor contract includes a requirement for there to be a Guardian of Safe Working Hours who will submit an annual report to the Board to provide assurance that doctors and dentists in training are working safe rotas and that working hours are compliant with terms and conditions

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. The exception reporting process is a crucial part of the junior doctors' 2016 contract as it allows contemporaneous reporting of issues, feeding in to the trust and HEE's quality processes, with potential to drive improvement.

Analysis

This report covers the following number of doctors and dentists in training:

Number of doctors / dentists in training:	358
Number of doctors / dentists in training on 2016 contract:	357
Number of GP trainees (BTHFT lead employer arrangement)	41

There were 319 exception reports submitted for the period 1 April 18 – 31 March 19. The majority related to additional hours worked, in total 814 additional hours were worked by junior doctors. There were also 15 highlighted educational concerns, submitted by junior doctors across a range of specialties.

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Recommendation

The nature of exception reports was similar this year to 17-18, although numbers were down slightly. The majority of consultant supervisors respond to exception reports appropriately and in a timely manner. Significant efforts by the medical HR department, has led to closure of longstanding overdue reports.

Work is ongoing to look at improving the junior surgical rotas, with a focus on the alternative healthcare workforce.

The Junior Doctor Forum meets quarterly and provides an opportunity for junior doctor representatives to bring concerns from their colleagues for discussion.

A high locum requirement continues in emergency medicine and general medicine, reflecting these high-pressure specialties with rota gaps.

The trust is actively embracing alternative workforce options, with the appointment of physician associates. This has potential for easing pressure on the junior doctor workforce.

The trust is now lead employer for GP trainees with exception reporting from primary care now falling within the remit of our Guardian of Safe Working Hours. A new administrative support post in HR has been filled.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Staffing
NHS Improvement Effective Use of Resources: People
Other (please state):

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Introduction

The 2016 junior doctor contract includes a requirement for there to be a Guardian of Safe Working Hours who will submit an annual report to the Board to provide assurance that doctors and dentists in training are working safe rotas and that working hours are compliant with terms and conditions.

High level data

Number of doctors / dentists in training:	358
Number of doctors / dentists in training on 2016 contract:	357
Number of GP trainees (BTHFT lead employer arrangement)	41

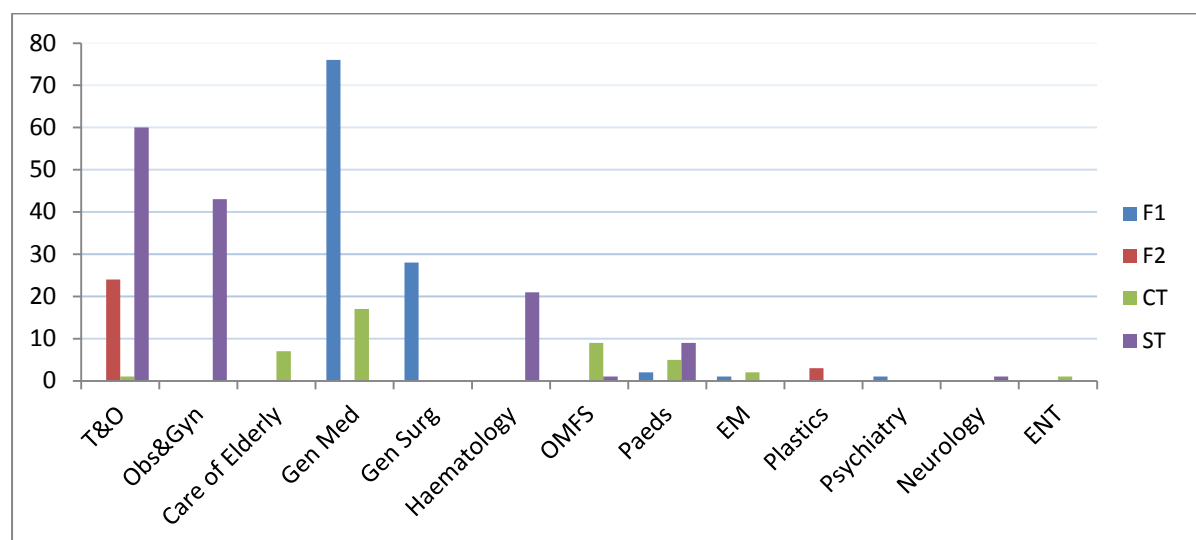
Exception reports

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. The exception reporting process is a crucial part of the junior doctors' 2016 contract as it allows contemporaneous reporting of issues, feeding in to the trust and HEE's quality processes, with potential to drive improvement.

There were 319 exception reports submitted for the period 1 April 18 – 31 March 19. The majority related to additional hours worked. Fifteen highlighted educational concerns, submitted by junior doctors in ophthalmology, obstetrics and gynaecology, general medicine, elderly medicine, general surgery and paediatrics. In total, 814 additional hours were worked by junior doctors. Additional hours may be recognized with a supplementary payment, time-off-in-lieu or no action.

Fig 1 shows the hours-related exception reports.

Fig 1: Exception reports (hours/rest) by specialty and training grade 1 April 18 –31 March 19.



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Table 1 and Fig 2 show the top 5 reporting specialties and the trend in reporting rates.

Table 1: Number of exception reports by top 5 specialties 1 April 18 – 31 March 19.

April 18 – March 19	
General medicine	94
T&O	85
O&G	44
General surgery	28
Haematology	21

Fig 2: Trend in exception reporting rates for top 5 specialties 1 February 18 – 31 March 19.

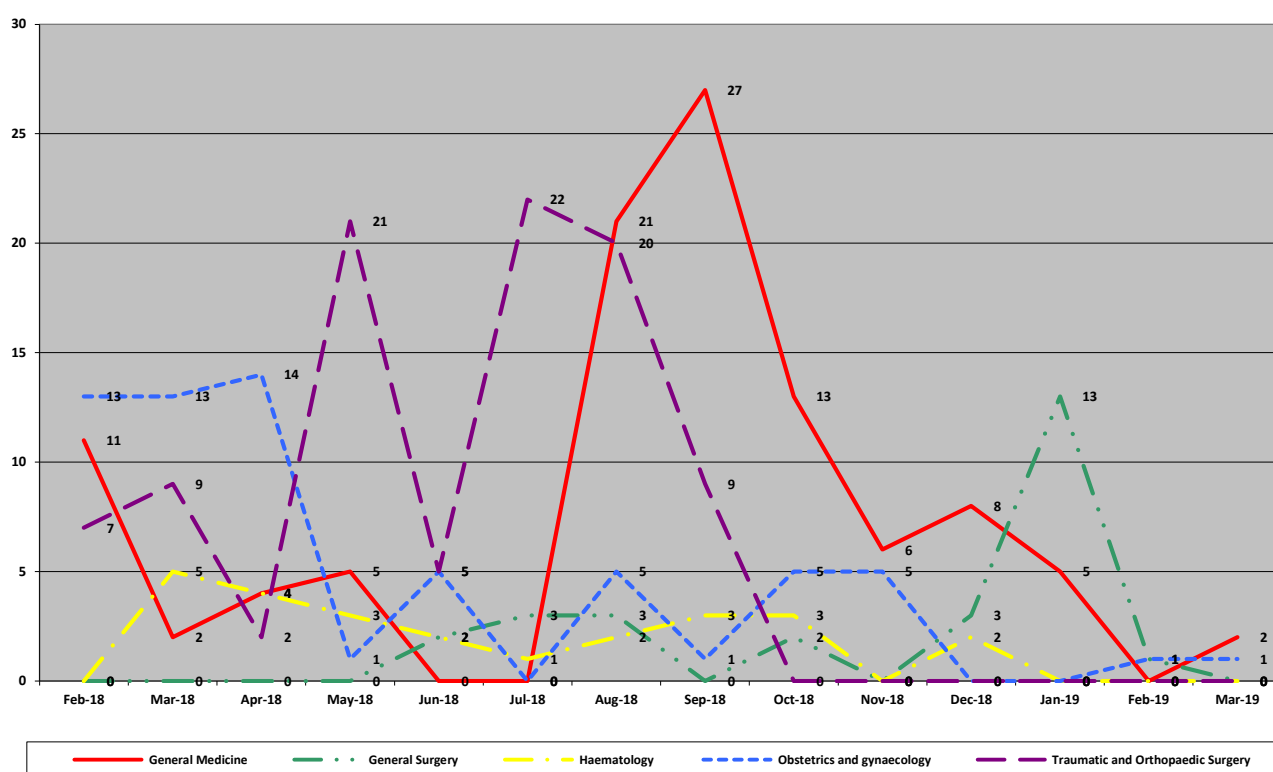


Table 2 shows the outcomes of exception reports.

Table 2: Exception report outcomes 1 April 18 – 31 March 19.

April 18 – March 19	
Exception report outcomes	Hours
Payment	729
TOIL	25
No action	53
Yet to conclude	7

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Rota gaps

A gap on a rota results from the post not being filled or from long term sickness. This puts additional pressure on those junior doctors working the rotas. The number of gaps varied over the year between 21 and 24 across several specialties. Many were filled by the trust with doctors not in training. Detail is shown in Appendix 1.

Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. The highest requirements for additional cover came from emergency medicine and general medicine. This was reflected in the locum spend over the year. Appendices 2 and 3 detail additional shifts and spend.

Fines

The Guardian of Safe Working Hours can apply fines if breaches of working hours and rest periods occur. Examples of potential breaches are exceeding the 48-hour average working week, exceeding 72 hours of work in 7 consecutive days, lack of 11 hours rest between shifts, or missed breaks. Fine monies, via the Junior Doctor Forum, are spent on initiatives to enhance the working lives of trainees, in addition to paying locum rates to the affected junior doctors. No fines were levied in 2018-19. However, it is worth noting that the reporting system is not currently linked to a live e-rostering system making analysis of potential fine-levying breaches difficult.

Summary

The nature of exception reports was similar this year to 17-18, although numbers were down slightly. The majority of consultant supervisors respond to exception reports appropriately and in a timely manner. Significant efforts by the medical HR department has led to closure of longstanding overdue reports.

Obstetrics and gynaecology began the year as a high exception reporting specialty. However, due to altered shift times and changes to service delivery, the reporting rate has fallen significantly over the year. Working closely with the education department, new initiatives continue to drive improvement in this high-pressured specialty.

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. MAU is a high pressure, high workload area. Ongoing work continues to look at relieving work pressure on junior doctors, and to optimise the training environment. In particular, efforts are being directed at ensuring adequate numbers of support workers. A peak in exception reporting in August in general medicine soon reduced, likely to be a reflection of improved time management skills and clinical ability. Of note, F1s in medicine report good clinical supervision.

During the first half of the year, on-call senior trainees in trauma & orthopaedics struggled to take zero days due to service requirements, work patterns and in order not to miss

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educational opportunities. High exception reporting rates were seen. A work schedule review has led to a marked improvement by allowing zero days to be taken flexibly throughout time in post, allowing optimisation of training opportunities with minimal service disruption.

Haematology senior trainees report having to work a full day after a busy on-call night due to lack of contingency planning and a need to maintain the service. Efforts are being made to build in flexibility on post on-call days. Non-training grade doctors have been recruited to ease workload pressures.

For the first time, there have been exception reports from trainee paediatricians across all grades. The pressures are no different but there is now a recognition by trainees and consultants that these should be highlighted through this contractual process, and that regularly working additional hours should be recognised.

Maxillofacial surgery trainees often find themselves still working in theatre when shifts have completed.

F2s in trauma and orthopaedics often face a high workload. Work is ongoing to look at improving the junior surgical rotas, with a focus on the alternative healthcare workforce.

The Junior Doctor Forum meets quarterly and provides an opportunity for junior doctor representatives to bring concerns from their colleagues for discussion. Of note, positive feedback has been received about quality of training and supervision in paediatrics and plastic surgery. A working group has been set up to look at trust implementation of the BMA's Fatigue & Facilities Charter, in an effort to enhance junior doctor's working lives. A useful Q&A session with the CMO was held in March.

A high locum requirement continues in emergency medicine and general medicine, reflecting these high-pressure specialties with rota gaps.

The Trust is actively embracing alternative workforce options, with the appointment of physician associates. This has potential for easing pressure on the junior doctor workforce.

The Trust is now lead employer for GP trainees with exception reporting from primary care now falling within the remit of our Guardian of Safe Working Hours. A new administrative support post in HR has been filled.

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Appendix 1- Rota gaps (and cover) by month.

Vacancies by month							
Specialty / Rota	Grade	Rota Slots	Trainees	Apr 18	May 18	Jun 18	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	2	2	2	Covered by Specialty Doctors
2 - Obstetrics & Gynaecology	Junior	13	13	2	2	2	Covered by Clinical Fellows
5 – Paediatrics	Registrar	8 or 9	8	0	0	0	Post removed from rota
7 - Paediatrics	Junior	7 or 8	8	0	0	0	
33 - Paediatrics	F1	2	2	0	0	0	
6 – Neonates	Registrar	8	8	0	0	0	0.5 maternity leave gap
8 – Neonates	Junior	7	7	0	0	0	
10 – Medical Oncology	Registrar	7 (regional)	2 (BTH)	0	0	0	
11 – ENT	Registrar	6	4	0	0	0	
12 – ENT / Plastics / OMFS	Junior	11	8	0	0	0	
13 – Ophthalmology	Registrar	6	6	1	1	1	Covered by Clinical Fellow
14 – Ophthalmology	Junior	3	3	0	0	0	
15 – Orthopaedics	Registrar	8	7	1	1	1	Covered by Clinical Fellow
16 – Orthopaedics	CT	4	4	2	2	2	
17 – Plastic Surgery	Registrar	6	6	0	0	0	1 maternity leave gap
19 – A&E	Registrar	18	13	2	3	3	1 maternity leave gap in addition
20 – A&E	Junior	23	23	3	3	3	
21 – Oral Surgery	Dental	6	6	1	1	1	Covered by Clinical Fellow
22 – Medicine	Registrar	15+	22	3	4	4	1 maternity leave gap in addition
24 – Medicine	Junior	27	26	1	1	1	Covered by Clinical Fellow
25 – Elderly Medicine	Junior	13	12	0	0	0	
27 – Medicine	F1	26	26	0	0	0	
28 – Palliative Medicine	Registrar	5	2	0	0	0	
29 – Haematology	Registrar	5	3	1	1	1	Covered by Clinical Fellow
30 – General Surgery	Registrar	8	8	1	1	1	1 maternity leave gap in addition
31 – General Surgery	Junior	8	7	0	0	0	
32 – Surgery	F1	19	19	0	0	0	
35 – Urology	Registrar	5	2	0	0	0	
36 to 39 – Anaesthetics	Various	32	32	1	1	1	Covered by MTI
40 – Radiology	Registrar	Up to 10	Up to 10	0	0	0	
41 – Histopathology	Registrar	Up to 3	Up to 3	0	0	0	
43 – OMFS	Registrar	5	3	0	0	0	
49 – Critical Care	F2	1	1	0	0	0	
76 – Orthopaedics	Junior (F2)	4	4	0	0	0	
Totals				21	23	23	

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Vacancies by month							
Specialty / Rota	Grade	Rota Slots	Trainees	Jul 18	Aug 18	Sept 18	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	2	2	2	Covered by Specialty Doctors
2 - Obstetrics & Gynaecology	Junior	13	13	2	2	2	Covered by Clinical Fellows
5 - Paediatrics	Registrar	8 or 9	8	0	0	0	Post removed from rota
7 - Paediatrics	Junior	7 or 8	8	0	1	1	Covered by Clinical Fellow
33 - Paediatrics	F1	2	2	0	0	0	
6 - Neonates	Registrar	8	8	0	1	1	
8 - Neonates	Junior	7	7	0	0.4	0.4	Covered by Clinical Fellow
10 - Medical Oncology	Registrar	7 (regional)	2 (BTH)	0	0	0	
11 - ENT	Registrar	6	4	0	0	0	
12 - ENT	Junior	5	5	0	0	0	
13 - Ophthalmology	Registrar	6	6	1	1	1	Covered by Clinical Fellow
14 - Ophthalmology	Junior	3	3	0	0	0	
15 - Orthopaedics	Registrar	8	7	1	2	2	Covered by Clinical Fellow
16 - Orthopaedics	CT	4	4	2	0	0	
17 - Plastic Surgery	Registrar	6	6	0	0	0	
18 - Plastic Surgery	Junior	5	2	0	0	0	
19 - A&E	Registrar	18	13	3	3	3	1 maternity leave gap in addition
20 - A&E	Junior	23	23	3	1	1	
21 - Oral Surgery	Dental	6	6	1	0	0	Covered by Clinical Fellow
22 - Medicine	Registrar	15+	22	3	3	3	1 maternity leave gap in addition
24 - Medicine	Junior	27	26	1	2	2	Covered by Clinical Fellow
25 - Elderly Medicine	Junior	13	12	0	1	1	Covered by Clinical Fellow
27 - Medicine	F1	26	26	0	0	0	
28 - Palliative Medicine	Registrar	5	2	0	0	0	
29 - Haematology	Registrar	5	3	1	1	1	Covered by Clinical Fellow
30 - General Surgery	Registrar	8	8	1	2	2	1 maternity leave gap in addition
31 - General Surgery	Junior	8	7	0	0	0	
32 - Surgery	F1	19	19	0	0	0	
35 - Urology	Registrar	5	2	0	0	0	
36 to 39 - Anaesthetics	Various	32	32	1	2	2	Covered by MTI
40 - Radiology	Registrar	Up to 10	Up to 10	0	0	0	
41 - Histopathology	Registrar	Up to 3	Up to 3	0	0	0	
43 - OMFS	Registrar	5	3	0	0	0	
49 - Critical Care	F2	1	1	0	0	0	
76 - Orthopaedics	Junior (F2)	4	4	0	0	0	
Totals				22	24.4	24.4	

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Vacancies by month							
Specialty / Rota	Grade	Rota Slots	Trainees	Oct 18	Nov 18	Dec 18	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	2	2	2	1 covered by Specialty Doctor. 1 mat leave in addition
2 - Obstetrics & Gynaecology	Junior	13	13	2	2	2	Covered by Clinical Fellows
5 – Paediatrics	Registrar	8 or 9	8	3.4	3.4	3.4	2 posts removed from rota. 1.4 covered by Clinical Fellow
7 - Paediatrics	Junior	7 or 8	8	1	1	1	Covered by Clinical Fellow
33 - Paediatrics	F1	2	2	0	0	0	
6 – Neonates	Registrar	8	8	1	1	1	
8 – Neonates	Junior	7	7	0.4	0.4	0.4	Covered by Clinical Fellow
10 – Medical Oncology	Registrar	7 (regional)	2 (BTH)	0	0	0	
11 – ENT	Registrar	6	4	0	0	0	
12 – ENT	Junior	5	5	1	1	1	Covered by Clinical Fellow
13 – Ophthalmology	Registrar	6	6	1	1	1	Covered by Clinical Fellow
14 – Ophthalmology	Junior	3	3	0	0	0	
15 – Orthopaedics	Registrar	8	7	0	0	0	
16 – Orthopaedics	CT	4	4	0	0	0	
17 – Plastic Surgery	Registrar	6	6	0	0	0	
18 – Plastic Surgery	Junior	5	2	0.4	0.4	0.4	Covered by Clinical Fellow
19 – A&E	Registrar	18	13	5	5	5	1 maternity leave gap in addition
20 – A&E	Junior	23	23	1	1	2	
21 – Oral Surgery	Dental	6	6	0	0	0	
22 – Medicine	Registrar	15+	22	1	1	1	2 maternity leave gaps in addition
24 – Medicine	Junior	27	26	2	2	1	Covered by Clinical Fellow
25 – Elderly Medicine	Junior	13	12	1	1	1	Covered by Clinical Fellow
27 – Medicine	F1	26	26	0	0	0	
28 – Palliative Medicine	Registrar	5	2	0	0	0	
29 – Haematology	Registrar	5	3	0	0	0	
30 – General Surgery	Registrar	8	8	0	0	0	1 maternity leave gap in addition
31 – General Surgery	Junior	8	7	0	0	0	
32 – Surgery	F1	19	19	0	0	0	
35 – Urology	Registrar	5	2	0	0	0	
36 to 39 – Anaesthetics	Various	32	32	2	2	2	Covered by MTI
40 – Radiology	Registrar	Up to 10	Up to 10	0	0	0	
41 – Histopathology	Registrar	Up to 3	Up to 3	0	0	0	
43 – OMFS	Registrar	5	3	0	0	0	
49 – Critical Care	F2	1	1	0	0	0	
76 – Orthopaedics	Junior (F2)	4	4	0	0	0	
Totals				24.2	24.2	24.2	

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Vacancies by month							
Specialty / Rota	Grade	Rota Slots	Trainees	Jan 19	Feb 19	Mar 19	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	2	2	2	1 covered by Specialty Doctor. 1 mat leave in addition
2 - Obstetrics & Gynaecology	Junior	13	13	1	0	0	Covered by Clinical Fellow
5 – Paediatrics	Registrar	8 or 9	8	4	4	4	2 posts removed from rota. 1.4 covered by Clinical Fellow
7 - Paediatrics	Junior	7 or 8	8	0	0	0	
33 - Paediatrics	F1	2	2	0	0	0	
6 – Neonates	Registrar	8	8	1	1	1	
8 – Neonates	Junior	7	7	0.4	0.4	0.4	Covered by Clinical Fellow
10 – Medical Oncology	Registrar	7 (regional)	2 (BTH)	1	1	1	Out of hours covered by regional trainees
11 – ENT	Registrar	6	4	0	0	0	
12 – ENT	Junior	5	5	1	0	0	Covered by Clinical Fellow
13 – Ophthalmology	Registrar	6	6	1	3	3	1 covered by Clinical Fellow
14 – Ophthalmology	Junior	3	3	0	0	0	
15 – Orthopaedics	Registrar	8	7	0	0	0	
16 – Orthopaedics	CT	4	4	0	1	1	Covered by Clinical Fellow
17 – Plastic Surgery	Registrar	6	6	0	1	1	Covered by Clinical Fellow
18 – Plastic Surgery	Junior	5	2	0.4	0.4	0.4	Covered by Clinical Fellow
19 – A&E	Registrar	18	13	5	3	3	1 maternity leave gap in addition
20 – A&E	Junior	23	23	2	3	3	
21 – Oral Surgery	Dental	6	6	0	0	0	
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24 – Medicine	Junior	27	26	1	2	2	Covered by Clinical Fellows
25 – Elderly Medicine	Junior	13	12	1.2	0.2	0.2	Covered by Clinical Fellow
27 – Medicine	F1	26	26	0	0	0	
28 – Palliative Medicine	Registrar	5	2	0	0	0	
29 – Haematology	Registrar	5	3	0	0	0	
30 – General Surgery	Registrar	8	8	0.4	0.4	0.4	
31 – General Surgery	Junior	8	7	0	0	0	
32 – Surgery	F1	19	19	0	0	0	
35 – Urology	Registrar	5	2	0	0	0	
36 to 39 – Anaesthetics	Various	32	32	2	2	2	Covered by MTI. 3 maternity leave gaps in addition
40 – Radiology	Registrar	Up to 10	Up to 10	0	0	0	
41 – Histopathology	Registrar	Up to 3	Up to 3	0	3	3	

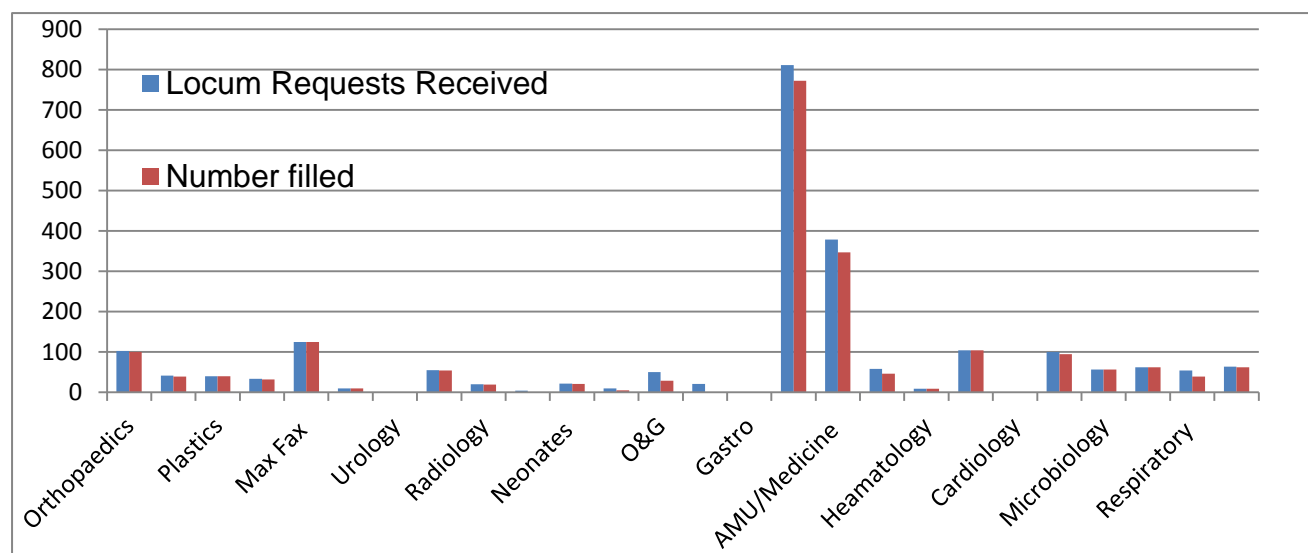
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43 – OMFS	Registrar	6	6	3	3	3	1 covered by Clinical Fellow. Specialty Doctor covering out of hours gaps
49 – Critical Care	F2	1	1	0	0	0	
76 – Orthopaedics	Junior (F2)	4	4	0	0	0	
Totals				26.4	29.4	33.4	

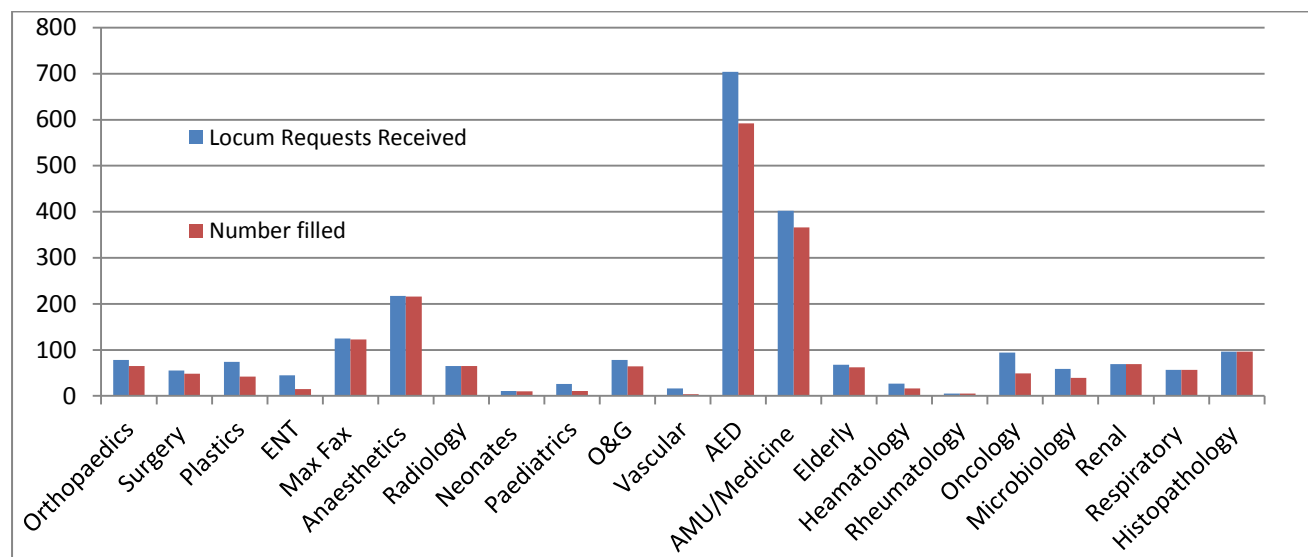
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Appendix 2

Locum shifts April – June 2018.

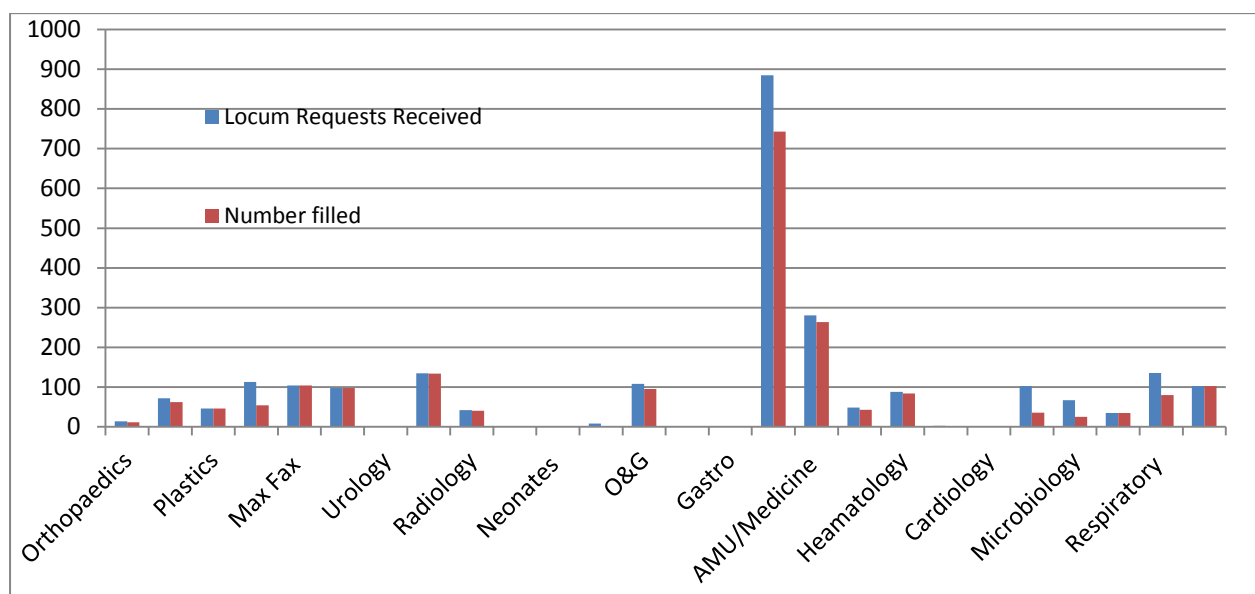


Locum shifts July - September 2018.

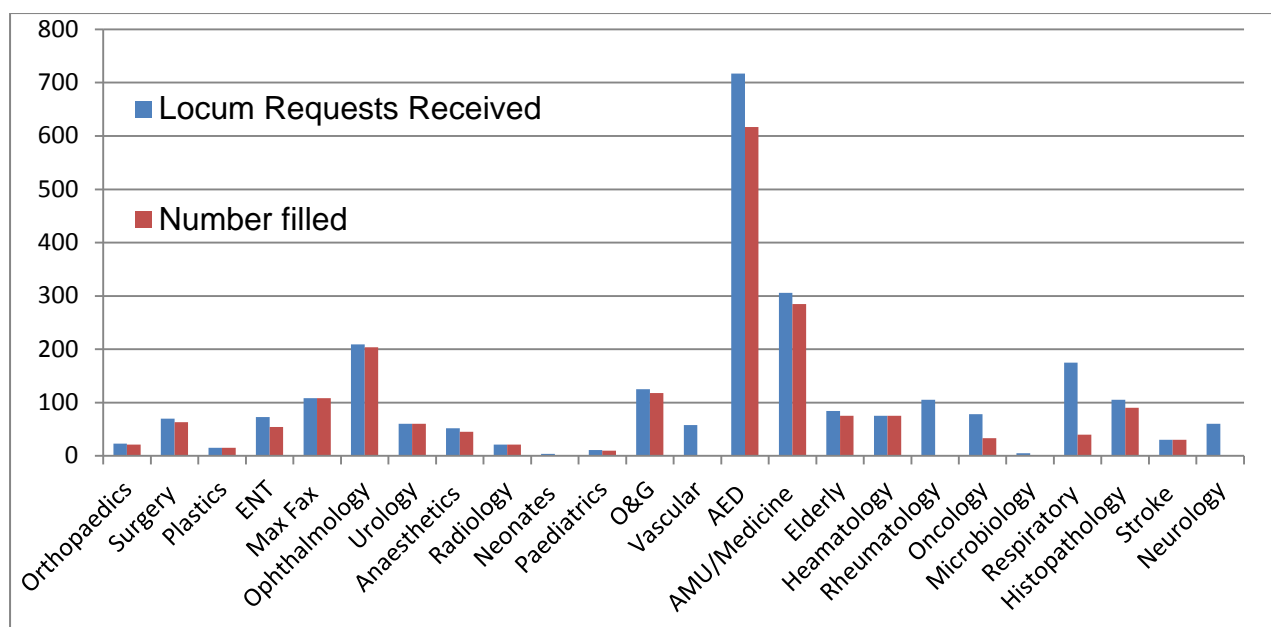


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Locum shifts October - December 2018.



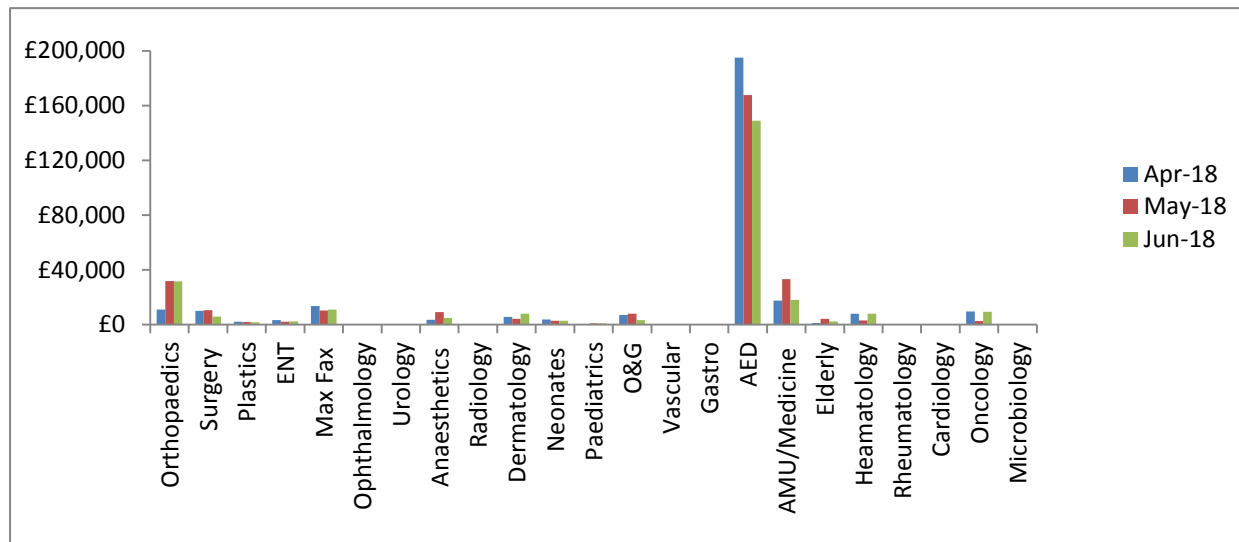
Locum shifts January - March 2019.



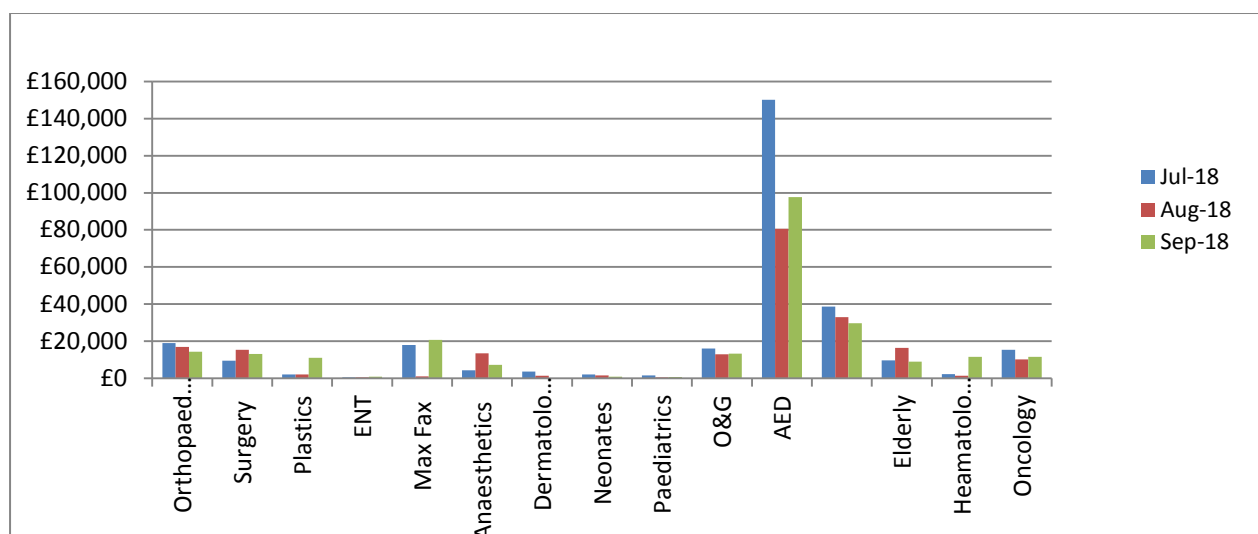
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Appendix 3

Locum junior doctor rota cost by month (£) April - June 2018.

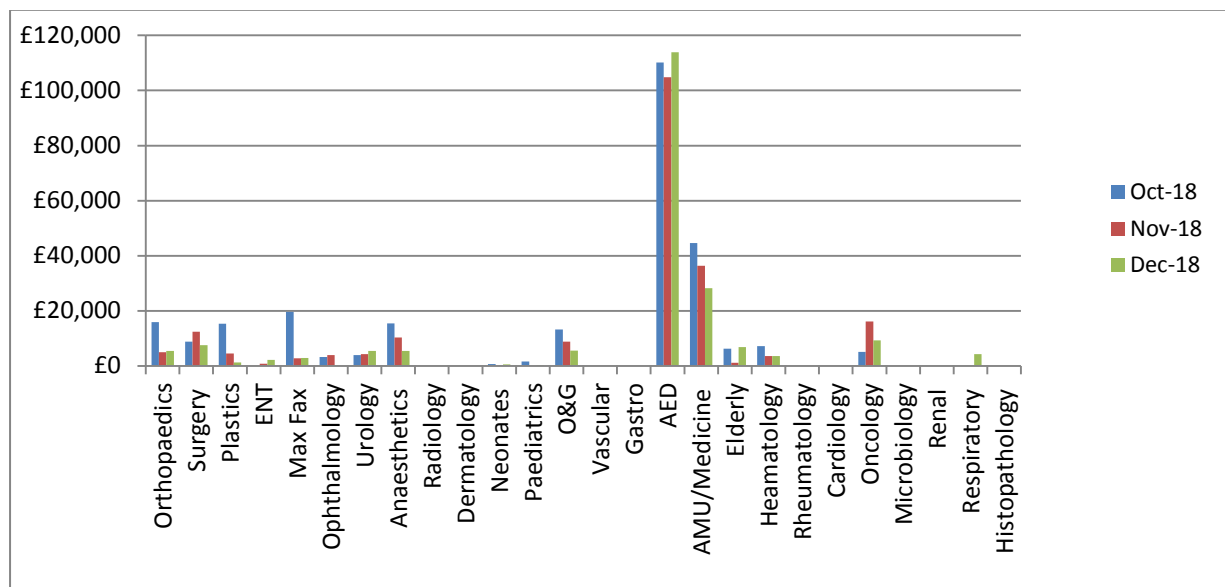


Locum junior doctor rota cost by month (£) July – September 2018.



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Locum junior doctor rota cost by month (£) October - December 2018



Locum junior doctor rota cost by month (£) January - March 2019.

