

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING QUARTER 2 2019-20

Presented by	Dr Bryan Gill Chief Medical Officer	
Author	Dr Andrew Brennan Guardian of Safe Working Hours	
Lead Director	Dr Bryan Gill Chief Medical Officer	
Purpose of the paper	Provide assurance that doctors and dentists in training are working safe hours	
Key control	High Level Control for Objective 1 & 3	
Action required	To note	
Previously discussed at/ informed by	Quarterly report	
Previously approved at:	Committee/Group	Date
	Workforce Committee	18.12.19
Key Options, Issues and Risks		
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 July – 30 September 2019.		
Analysis		
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 109 exception reports submitted for this quarter. 105 highlighted concerns around working hours or rest while 4 related to missed training opportunities.		
In total, 397 additional hours were reported by junior doctors.		
Recommendation		
<ul style="list-style-type: none">F1s in medicine continue to highlight significant workload pressures and a need to work extra hours to ensure tasks are completed and patients treated appropriately.Providing support to the junior trainee cohort with tasks of little educational value would help ease these pressures.The Junior Doctor Forum is in the process of agreeing initiatives to improve rest and sleep facilities.		

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			

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

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)	Actions have been taken to resolve existing issues.					

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input 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 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):	

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

1 PURPOSE/ AIM

To provide a quarterly update report to give assurance that doctors and dentists in training are working safe hours.

2 BACKGROUND/CONTEXT

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.

3 PROPOSAL

Information on exception reporting, work schedule reviews, rota gaps and fines levied will be presented. This report covers the period 1 April – 30 June 2019. No fines were levied within this period.

4 RISK ASSESSMENT

Risks have been identified but actions have been taken and continue to be taken to mitigate against the risk.

5 RECOMMENDATIONS

A number of issues have been raised within the report and actions taken to resolve those issues. Ongoing monitoring of exception reporting, work schedule reviews, rota gaps and fines levied will provide evidence of the success of actions taken and of any further issues raised.

6 Appendices

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 July – 30 September 2019.

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

High level data

Number of doctors / dentists in training:	384
Number of doctors / dentists in training on 2016 contract:	383
Number of GP trainees (BTHFT lead employer arrangement)	53

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 109 exception reports submitted for this quarter. 108 highlighted concerns around working hours or rest while 4 related to missed training opportunities. In total, 397 additional hours were reported by junior doctors.

Table 1 shows the top 5 reporting specialties. Table 2 shows the outcomes of exception reports. Fig 1 shows the trend in exception report numbers submitted by top 5 specialties between October 18 and September 19. Fig 2 shows the hours-related exception reports for Q2.

Table 1: Number of exception reports by top 5 specialties April - June 2019.

April – June 2019	
General medicine	77
Psychiatry	8
Neurology	6
General Surgery	4
ENT	4

Table 2: Exception report outcomes April - June 2019.

July – September 2019	
Payment	45
TOIL	7
No action	1
Yet to conclude	48
Not agreed	8

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

Fig 1: Trend in exception reporting by top 5 specialties October 18 – September 19

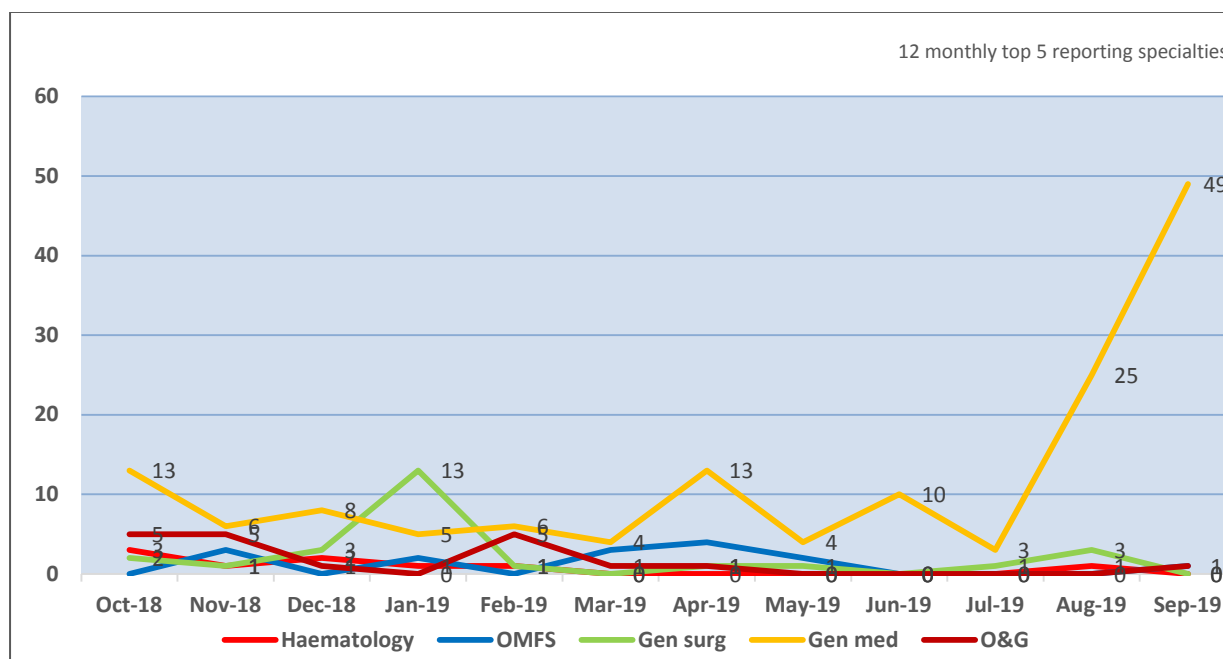
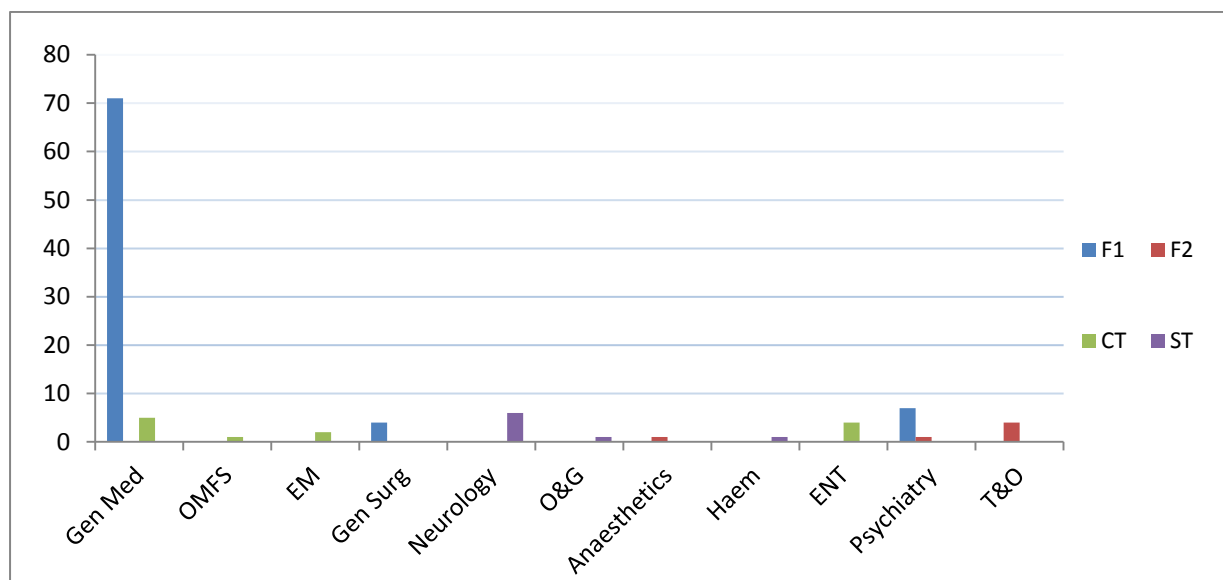


Fig 2: Exception reports (hours/rest) by specialty and training grade July - September 2019.



Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

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. There were no work schedule reviews 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.

Table 3: Junior doctor vacancies by month

Vacancies by month							
Specialty / Rota	Grade	Rota Slots	Trainees	Jul 19	Aug 19	Sept 19	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	2	2	2	1 covered by Specialty Doctor
2 - Obstetrics & Gynaecology	Junior	13	13	0	0	0	
5 – Paediatrics	Registrar	8 or 9	9	4	2	2	2 posts removed from rota
7 - Paediatrics	Junior	7 or 8	8	0	0.5	0.5	Covered by Clinical Fellow
33 - Paediatrics	F1	2	2	0	0	0	
6 – Neonates	Registrar	8	8	1	0	0	
8 – Neonates	Junior	7	7	0.4	0	0	
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	3	0	0	1 covered by Clinical Fellow
14 – Ophthalmology	Junior	3	3	0	0	0	
15 – Orthopaedics	Registrar	8	7	1	0	0	
16 – Orthopaedics	CT	4	4	1	0	0	Covered by Clinical Fellow
17 – Plastic Surgery	Registrar	6	6	1	0	0	Covered by Clinical Fellow
18 – Plastic Surgery	Junior	5	2	0	0	0	
19 – A&E	Registrar	18	13	2	1	4	1 maternity leave gap in addition (Sept)
20 – A&E	Junior	23	23	1	0	0	
21 – Oral Surgery	Dental	6	6	0	0	0	
22 – Medicine	Registrar	15+	22	3	2	2	2 maternity leave gaps in addition
24 – Medicine	Junior	27	26	3	1	1	Covered by Clinical Fellows
25 – Elderly Medicine	Junior	13	12	0	2	2	Covered by Clinical

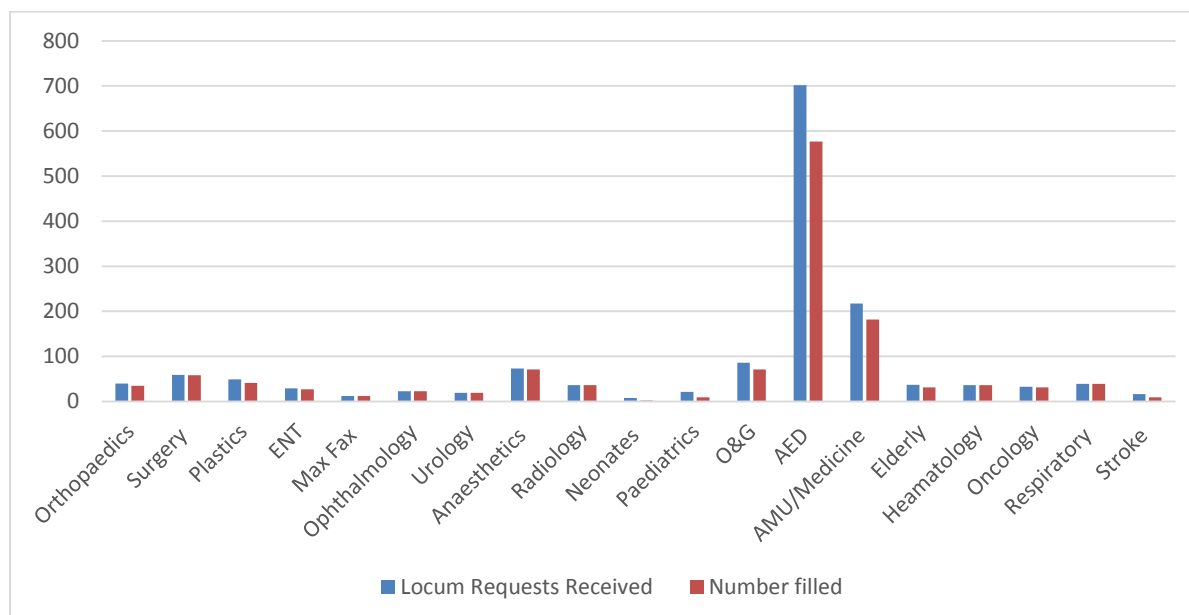
Meeting Title	Board of Directors					
Date	09.01.20	Agenda item		Bo.1.20.41		

							Fellows
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	
30 – General Surgery	Registrar	8	8	0.4	0.4	0.4	
31 – General Surgery	Junior	8	7	2	0	0	
32 – Surgery	F1	19	19	0	0.5	0.5	
35 – Urology	Registrar	5	2	0	0	0	
36 to 39 – Anaesthetics	Various	32	32	1	0	0	Covered by MTI. 4 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	3	0	0	
43 – OMFS	Registrar	6	6	3	3	2	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	1	0	0	Covered by Clinical Fellow
Totals				34.8	16.4	18.4	

Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. See Fig 3.

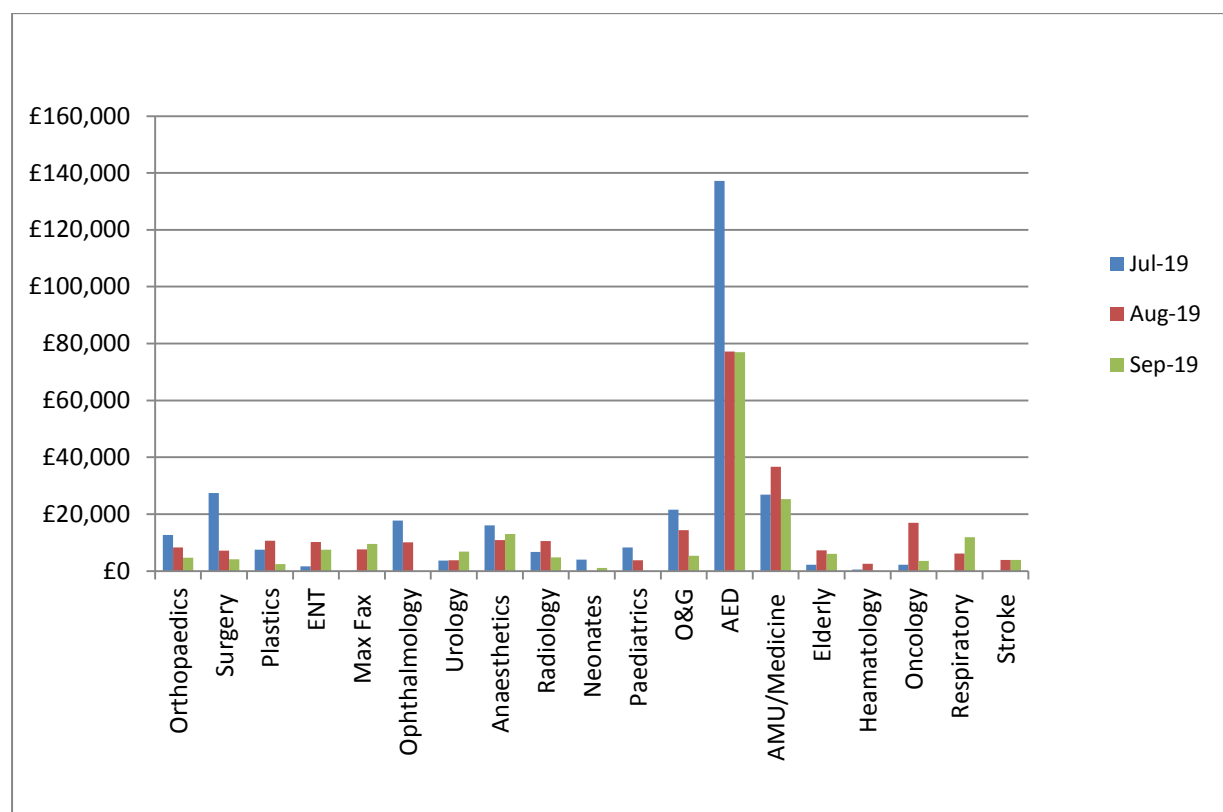
Fig 3: Locum shifts July - September 2019.



Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

Monthly locum spend on junior doctor cover is shown in Fig 4.

Fig 4: Locum junior doctor rota cost by month (£) July - September 2019.



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. The reporting system is not currently linked to a live e-rostering system making analysis of fine-levying breaches difficult. Through the JDF, the Guardian has encouraged junior doctors to inform him directly if they believe a fine is due in order that it may be investigated.

Issues arising and actions taken

- The exception reporting rate has more than doubled from Q1 to Q2.
- F1 trainees in general medicine were a significant high reporting outlier with 65% of all exception reporting attributed to this cohort. As previously, this reflects ongoing high workload pressure particularly related to acute admissions.
- The physician associates have only just been appointed and will take time to impact.
- Junior trainees continue to highlight the need to perform tasks with little educational value, such as blood taking and performing ECGs. Deferring these tasks to other team members, such as support workers, would ease the time pressures on these junior

Meeting Title	Board of Directors		
Date	09.01.20	Agenda item	Bo.1.20.41

doctors. Linked to this is the poor availability of ECG machines; work is underway to ameliorate this barrier.

- Exception reporting is low from O&G trainees, but concerns have been raised through the Junior Doctor Forum that clinics continue to be overbooked and at times unmanageable.
- The Junior Doctor Forum continues to allow trust engagement with trainees. Reps are in the process of suggesting ways to improve rest and sleep facilities following our £61k award. This will be finalised shortly.
- Changes to the 2016 contract following the 2018 refresh are gradually being implemented.
- The platform used for rota, roster and exception reporting management is changing from DRS4 to Allocate. Implementation is well under way but will take several months.

Summary

- F1s in medicine continue to highlight significant workload pressures and a need to work extra hours to ensure tasks are completed and patients treated appropriately.
- Providing support to the junior trainee cohort with tasks of little educational value would help ease these pressures.
- The Junior Doctor Forum is in the process of agreeing initiatives to improve rest and sleep facilities.