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Date	12.03.20	Agenda item	Bo.3.20.35

## GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING QUARTER 3 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		
Previously approved at:	Committee/Group	Date
	Workforce Committee	26.02.20
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 October – 31 December 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 86 exception reports submitted for this quarter. All highlighted concerns around working hours or rest, with 5 additionally describing missed training opportunities.		
In total, 128 additional hours were reported by junior doctors.		
Recommendation		
<ul style="list-style-type: none"><li>F1s in general medicine continue to be the highest reporting group of trainees. Physician associates are helping to reduce workload pressure.</li><li>Senior trainees in emergency medicine are frequently unable to take breaks during shifts.</li><li>The 2018 contract refresh has led to real challenges for the Trust to meet in order to be compliant with the new rules around working hours and rest periods.</li></ul>		

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			g			

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performance targets						
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.					

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

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

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

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**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"/>

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## **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 October – 31 December 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 October – 31 December 2019.

### **High level data**

Number of doctors / dentists in training:	384
Number of doctors / dentists in training on 2016 contract:	383
Number of LTFT trainees	53

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## 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 86 exception reports submitted for this quarter. All highlighted concerns around working hours or rest, with 5 additionally describing missed training opportunities. In total, 128 additional hours were reported by junior doctors.

Table 1 shows the top 5 reporting specialties. Table 2 shows the outcomes of exception reports. Figure 1 shows the trend in exception report numbers submitted by top 5 specialties between January 2019 and December 2019. Figure 2 shows the hours-related exception reports for Quarter 3.

Table 1: Number of exception reports by top 5 specialties October - December 2019.

October - December 2019	
General medicine	39
Emergency Medicine	16
OMFS	14
ENT	6
Paediatrics	5

Table 2: Exception report outcomes October - December 2019.

October – December 2019	
Payment	33
TOIL	10
No action	11
Yet to conclude	32

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Figure 1: Trend in exception reporting by top 5 specialties January 2019 – December 2019

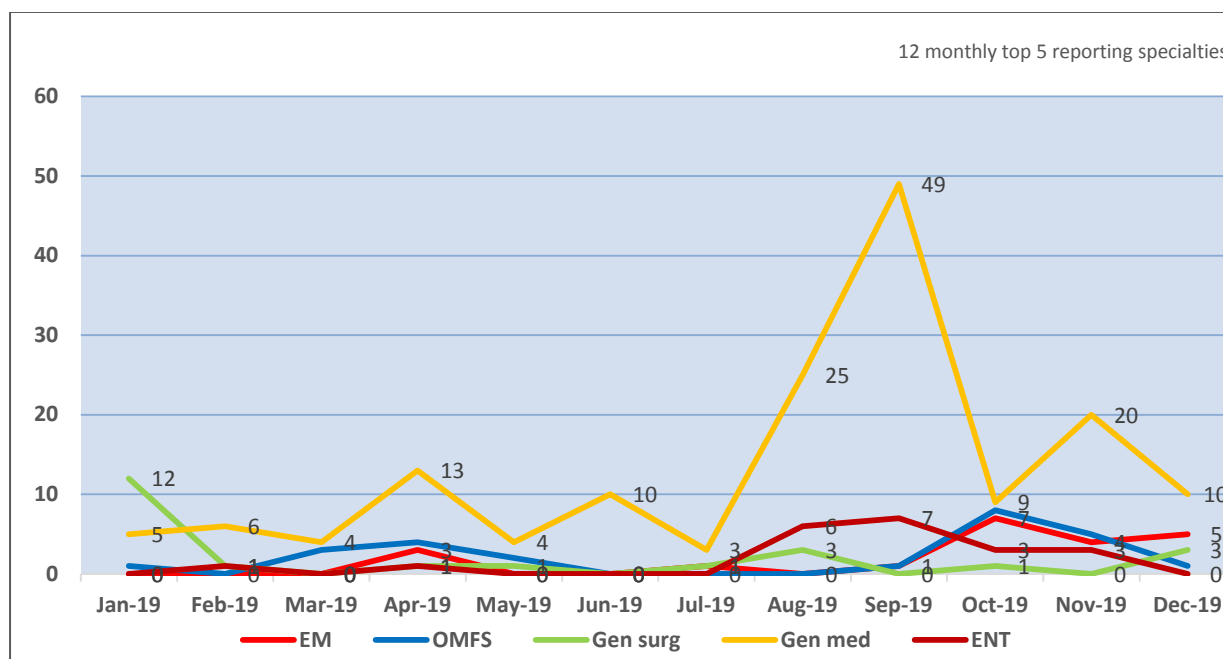
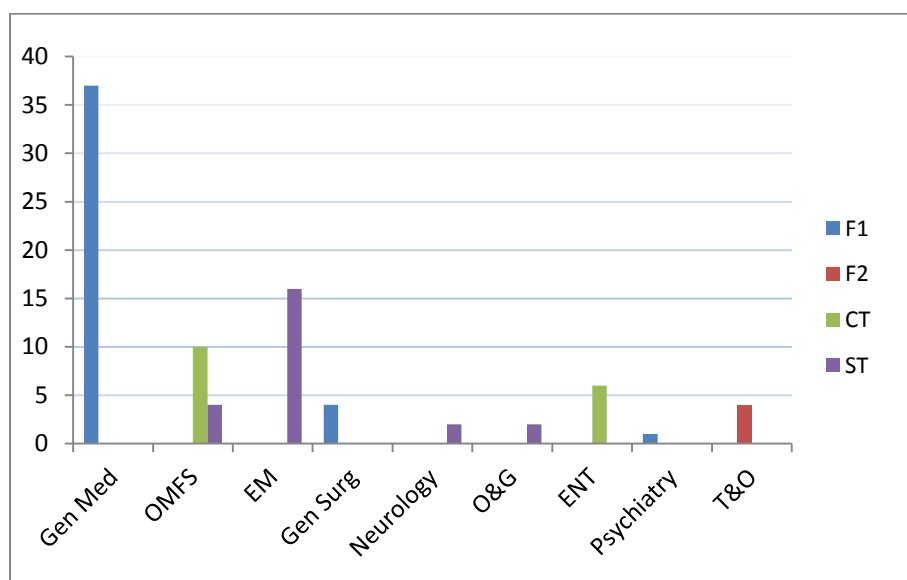


Figure 2: Exception reports (hours/rest) by specialty and training grade October - December 2019.



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### 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	Oct 19	Nov 19	Dec 19	Comments
1 - Obstetrics & Gynaecology	Registrar	11	11	0	0	0	2 maternity leaves, part covered by Specialty Doctor
2 - Obstetrics & Gynaecology	Junior	13	13	0	0	0	
5 – Paediatrics	Registrar	8 or 9	9	2	2	2	2 posts removed from rota
7 - Paediatrics	Junior	7 or 8	8	0.5	0.5	0.5	Covered by Clinical Fellow
33 - Paediatrics	F1	2	2	0	0	0	
6 – Neonates	Registrar	8	8	0	0	0	1 maternity leave
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	Junior	5	5	1	0	0	Covered by Clinical Fellow
13 – Ophthalmology	Registrar	6	6	0	0	0	
14 – Ophthalmology	Junior	3	3	0	1	1	
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	1 maternity leave covered by Clinical Fellow
18 – Plastic Surgery	Junior	5	2	0	0	1	
19 – A&E	Registrar	18	13	4	4	4	1 maternity leave gap in addition
20 – A&E	Junior	23	23	0	0	0	
21 – Oral Surgery	Dental	6	6	0	0	0	
22 – Medicine	Registrar	15+	22	2	2	3	2 maternity leave gaps in addition
24 – Medicine	Junior	27	26	1	1	1	Covered by Clinical Fellow
25 – Elderly Medicine	Junior	13	12	2	2	2	Covered by Clinical Fellows

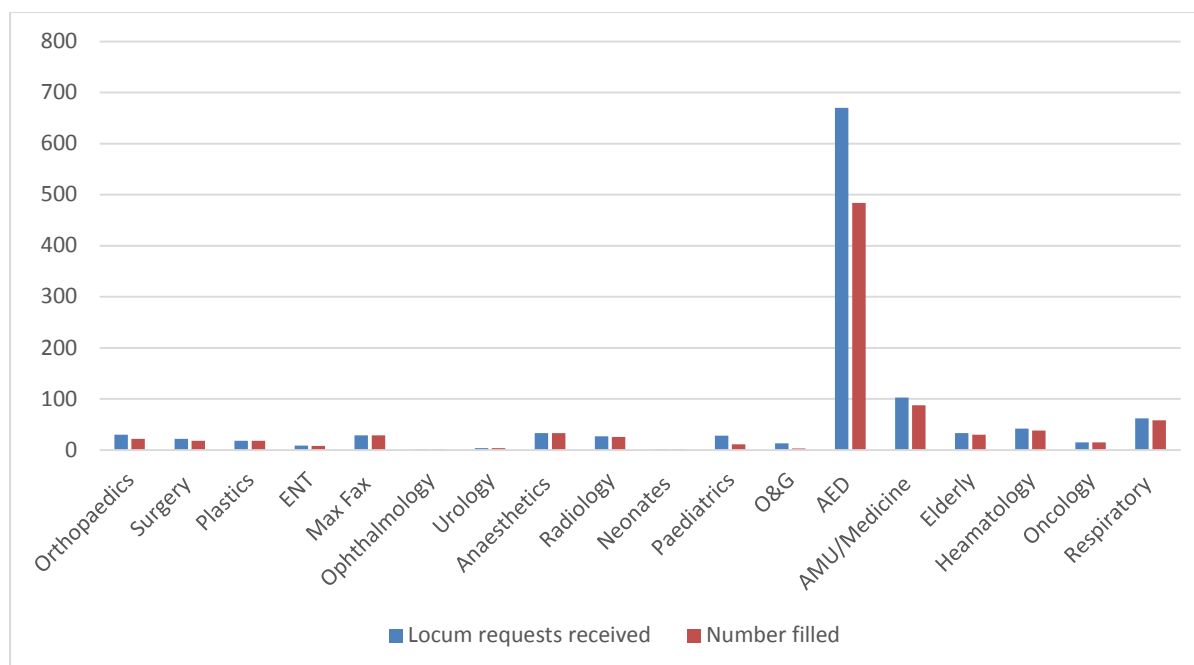
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27 – Medicine	F1	26	26	0	0	1	
28 – Palliative Medicine	Registrar	5	2	1	1	0	
29 – Haematology	Registrar	5	3	1	0	0	
30 – General Surgery	Registrar	8	8	0	0	0	
31 – General Surgery	Junior	8	7	0	0	0	
32 – Surgery	F1	19	19	0	0	0	
35 – Urology	Registrar	5	2	0	0	0	
36 to 39 – Anaesthetics	Various	32	32	0	0	0	4 maternity leave gaps, covered by MTIs
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	6	6	2	2	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	0	0	0	
<b>Totals</b>				<b>16.5</b>	<b>15.5</b>	<b>17.5</b>	

## Locum bookings

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

Figure 3: Locum shifts October - December 2019.

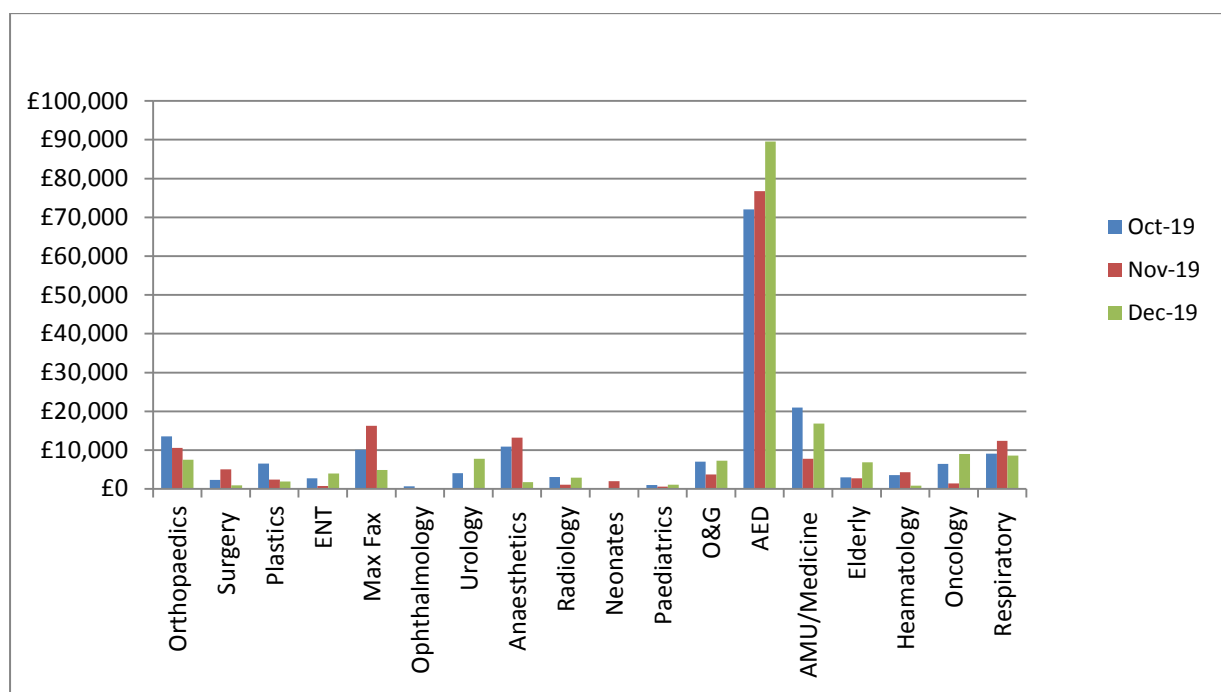


Monthly locum spend on junior doctor cover is shown in Figure 4.



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Figure 4: Locum junior doctor rota cost by month (£) October - December 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 reduced in Quarter 3 as compared to Quarter 2.
- F1 trainees continue as the highest reporting trainee group, particularly those working in general medicine.
- Positive feedback regarding physician associates has been received from trainees in medicine via the Junior Doctor Forum.
- Emergency medicine senior trainees are reporting missed breaks due to heavy workload.
- Trainees in ENT and OMFS are reporting heavy workload and late finishing theatre lists leading to an inability to leave on time.

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- The 2018 junior doctor contract refresh is proving a challenge. Specifically, the February 2020 requirement for maximum weekend frequency working of 1:3 will impact on 7 rotas. These will need to reduce from the current 1:2 frequency or will require justification as to why this can't happen on time, with a plan in place. Any deviation will need approval by the guardian and junior doctor forum. It is likely that additional medical staff will need to be funded.
  - The exception reporting platform will change to Allocate eRota in February 2020.
  - Work is ongoing to improve rest facilities for junior doctors using the funds allocated to the Trust last year.

## Summary

- F1s in general medicine continue to be the highest reporting group of trainees. Physician associates are helping to reduce workload pressure.
- Senior trainees in emergency medicine are frequently unable to take breaks during shifts.
- The 2018 contract refresh has led to real challenges for the Trust to meet in order to be compliant with the new rules around working hours and rest periods.