

Meeting Title	Board of Directors		
Date	18.03.21	Agenda item	Bo.3.21.27

GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING QUARTER 3 2020-21

Presented by	Dr Ray Smith Chief Medical Officer		
Author	Dr Joanna Glascodine Guardian of Safe Working Hours		
Lead Director	Dr Ray Smith 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	For information		
Previously discussed at/informed by			
Previously approved at:	Committee/Group	Date	
	People Academy	24.02.21	
	Regulation and Assurance Committee	10.03.21	
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.			
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.			
In Quarter 3 there were 56 exception reports. 44 of these were related to hours/working patterns and 12 were education related. None of these were related to an immediate patient safety issue.			
In total, 41 additional hours were reported by junior doctors.			
Recommendation			
There have been an increasing number of exception reports which is most likely related to trainees moving back onto normal rotas away from covid surge rotas.			
There have been issues with trainees getting annual leave approved which will hopefully be better following the return of Carol Hancock. Payment in lieu for missed leave was added to January payroll.			
The highest amount of overtime is in the surgical specialities. I will continue to monitor this and ask the training representatives to encourage trainees to exception report if working too many hours to establish any patterns.			

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Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern whilst we work to find a long-term solution.

The anaesthetic trainees were moved on to a 1:6 rota to help with covid surge but this should be a short term measure finishing February 2021.

Remaining junior doctor rest facility funding is still being allocated due the delays from covid.

We have increased the frequency of Junior Doctor Forums to every 2 months at the request of the trainee representatives to bring issues to light in a more timely manner.

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 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"/>

Risk Implications (see section 5 for details)	Yes	No
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"/>

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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: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS Improvement Effective Use of Resources: Choose an item.
Other (please state):

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

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QUARTER 3

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 2020. 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 2020 which occurred during the covid-19 pandemic. Most rotas had returned to pre-covid rotas with the exception of the anaesthetic trainees. The surgical juniors (mostly Foundation Year, those on GP rotation, non-training doctors) joined a rota to supply cover for the red covid wards alongside the Education fellows and Physician associates. Those released to cover the red covid wards were only sent on their planned shifts so there was no need create a new rota.

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High level data

Number of doctors/dentists in training: 409

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. In Quarter 3 there were 56 exception reports. 44 of these were related to hours/working patterns and 12 were education related. None of these were related to an immediate patient safety issue. The 5 specialities with the most reports are shown below in table 1. There has been an increase in exception reporting for educational reasons as I encouraged the Foundation Year doctors to tell us when they were not getting their self-development time. The most common outcomes for exception reporting were no further action (including all educational reports) and payment (see table 2). The overtime worked was especially marked in surgical specialities, which is the usual case (see figure 1).

Table 1: Number of exception reports by top 5 specialties October – December 2020.

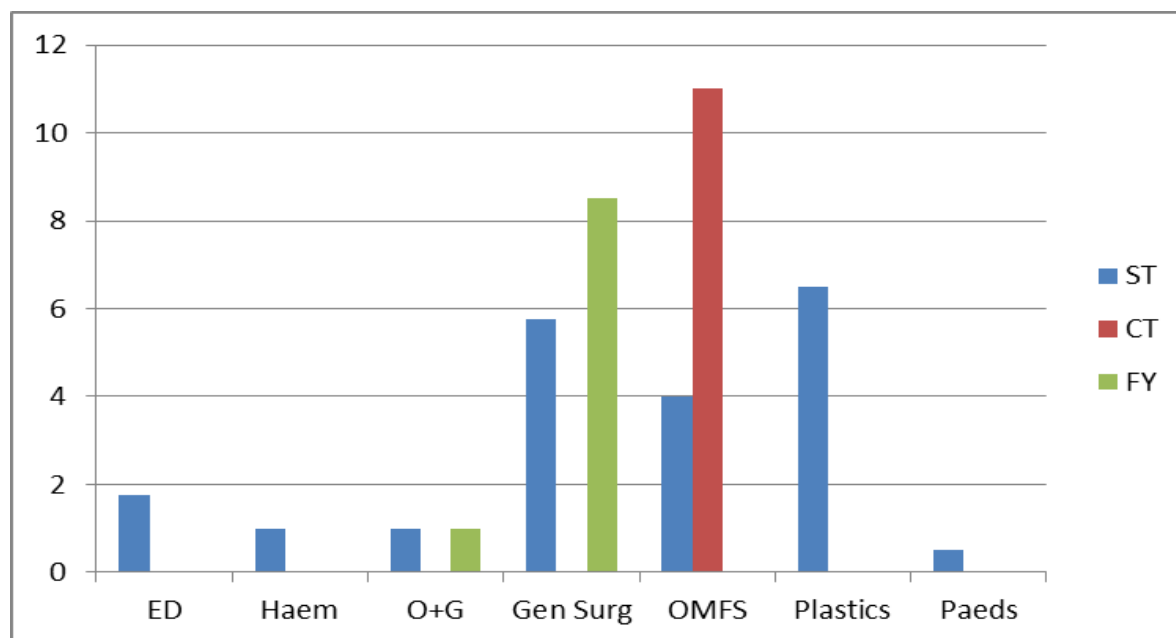
Exceptions by Speciality	Hours/work pattern	Educational
Emergency Medicine	10	7
General Surgery	12	1
OMFS	9	0
Plastics	5	0
O+G	3	2

Table 2: Exception report outcomes October – December 2020.

October – December 2020	
Payment	21
TOIL	10
No further action	22
Yet to conclude	1
Prospective change to work schedule	2

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Fig 1: Exception reports (hours) by specialty and training grade October - December 2020.



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 was one surgical trainee whose supervisor said they would look at a prospective change to their work schedule but no official work schedule changes happened during this quarter.

Rota gaps

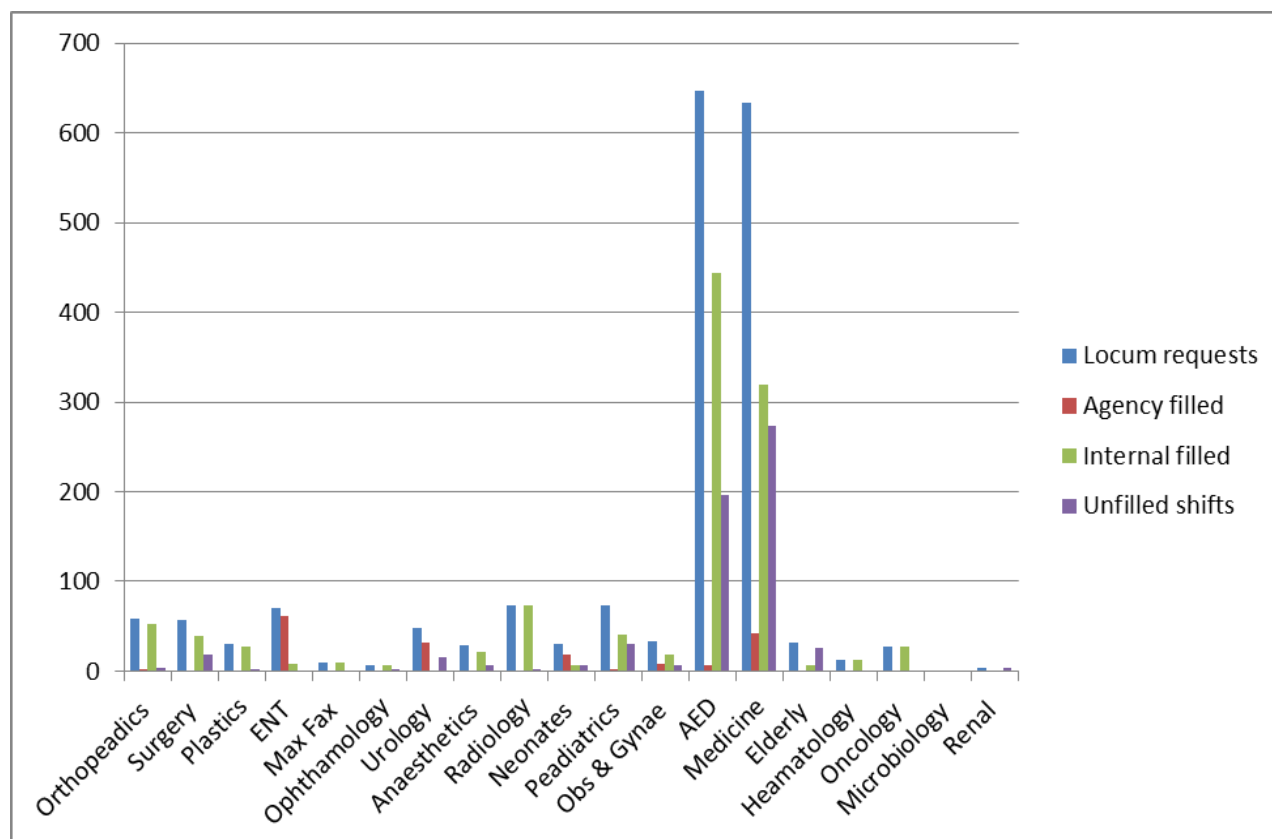
A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. We currently employ 60 fellows (27 junior level and 33 registrar level). We are currently awaiting confirmation of which of those cover gaps in the rota and which are stand-alone posts.

Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. The two departments requesting the highest numbers of junior doctor locums were Medicine and the Emergency Department (see figure 2). These two departments are usually those with the highest locum requests but I note the locum requests from Medicine has more than doubled from the previous quarter. Note that I am still awaiting the cost of these locums from the Finance department.

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Figure 2: Locum shifts by department October – December 2020



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.

Issues arising and actions taken

Covid pressures meant many junior doctors were unable to take all annual leave. Where this was not possible, the trust agreed to payment in lieu. This should have been completed by January pay check for those rotating in December. Part of the issue was the loss of Carol Hancock (Medical staff co-ordinator) who retired and has now returned part-time.

The anaesthetics trainees were moved onto a 1:6 rota to help with the covid surge with a plan to move back to a 1:7 by the February 2021 rotation (and then to a 1:8 in due course). This was greatly impacting on the mental wellbeing on those trainees with the frequency of working alongside the nature of the work being undertaken. The trainees now have a Consultant with them onsite during shifts to help and they have instigated some small changes including social distanced debrief and catch up among the trainees.

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The February 2020 TCS requirement for maximum weekend frequency working of 1:3 has been achieved across all rotas with the exception of palliative medicine (Marie Curie Hospice) although there is agreement from the hospice, the trust, the guardian and trainees on the rota that this will continue and will remain under review.

The high level of additional hours within surgical specialities was looked into. The FY and ST exceptions in General Surgery were mostly from a week of on-call when there were staff shortages meaning that the trainee had to stay longer every shift to help out. Both the Plastics and OMFS ST trainees were held back due to late finishing operations but the OMFS CT has raised that they are working additional hours compared with other regional rotas. I have contacted the trainee for further information.

Work is ongoing to improve rest facilities for junior doctors although the work has been slowed by the covid pandemic. We are currently planning to put the money towards updating the doctor's mess, an area for anaesthetic trainees and hopefully one for the orthopaedic juniors closer to their department.

The Foundation Year trainees are now recommended to have self-directed learning time (2 hours a week for FY2 and 1 hour a week for FY1s). I have asked the Foundation doctors to report when they don't get this time. The plan going forward would be for this to be put into the rota.

Summary

- There have been an increasing number of exception reports which is most likely related to trainees moving back onto normal rotas away from covid surge rotas.
- There have been issues with trainees getting annual leave approved which will hopefully be better following the return of Carol Hancock. Those trainees who were unable to take leave before December changeover should have had payment in lieu in January.
- The highest amount of overtime is in the surgical specialities. I will continue to monitor this and ask the training representatives to encourage trainees to exception report if working too many hours to establish any patterns.
- Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern whilst we work to find a long-term solution.
- The anaesthetic trainees were moved on to a 1:6 rota to help with covid surge but this should be a short term measure finishing February 2021.

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- Remaining junior doctor rest facility funding is still being allocated due the delays from covid.
- We have increased the frequency of Junior Doctor Forums to every 2 months at the request of the trainee representatives to bring issues to light in a more timely manner.