

Meeting Title	People Academy		
Date	28 April 2021	Agenda item	PA.4.21.11

GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING QUARTER 4 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	To note	
Previously discussed at/informed by		
Previously approved at:	Committee/Group	Date
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 January – 31 March 2021.		
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 4 there were 32 exception reports. 23 of these were related to hours/working patterns and 8 were education related. 1 exception report was relating to the service support available to the junior doctor which they felt led to a patient safety issue.		
In total, 37 additional hours were reported by junior doctors.		
Recommendation		
The highest amount of overtime this quarter is in Obstetrics and Gynaecology and appears to be due to antenatal clinics over-running.		
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 returned to a 1:7 rota In February 2021.		
Remaining junior doctor rest facility funding is still being allocated due the delays from covid although multiple purchases have now been made to improve several rest areas.		

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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 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 4

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 January – 31 March 2021. 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 January – 31st March 2021 which occurred during the covid-19 pandemic. The anaesthetic trainees were the last group to come off the covid surge rota and are now on a 1:7 rota. The cover for the 2 remaining red wards is provided by the respiratory and elderly team. This means that there are currently no junior doctors redeployed for covid cover.

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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. In Quarter 4 there were 32 exception reports. 23 of these were related to hours/working patterns and 8 were education related. 1 trainee put in a report regarding service support available to them which they felt led to a patient safety concern although when this report was explored further I don't there was any imminent patient risk. This exception report was the final one before the close of the quarter so the final outcome is still pending. I will speak to the trainee and their supervisor to check the issue is resolved. The 5 specialities with the most reports are shown below in table 1. There was a fall in the reporting for education exceptions. These reports are almost exclusively due to the lack of self-development time. The plan is that this time will be put into the rota but we will continue to monitor this going forward. Self-development time will become mandatory for FY1s from August and the time for FY2s is to be increased. 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 January – March 2021.

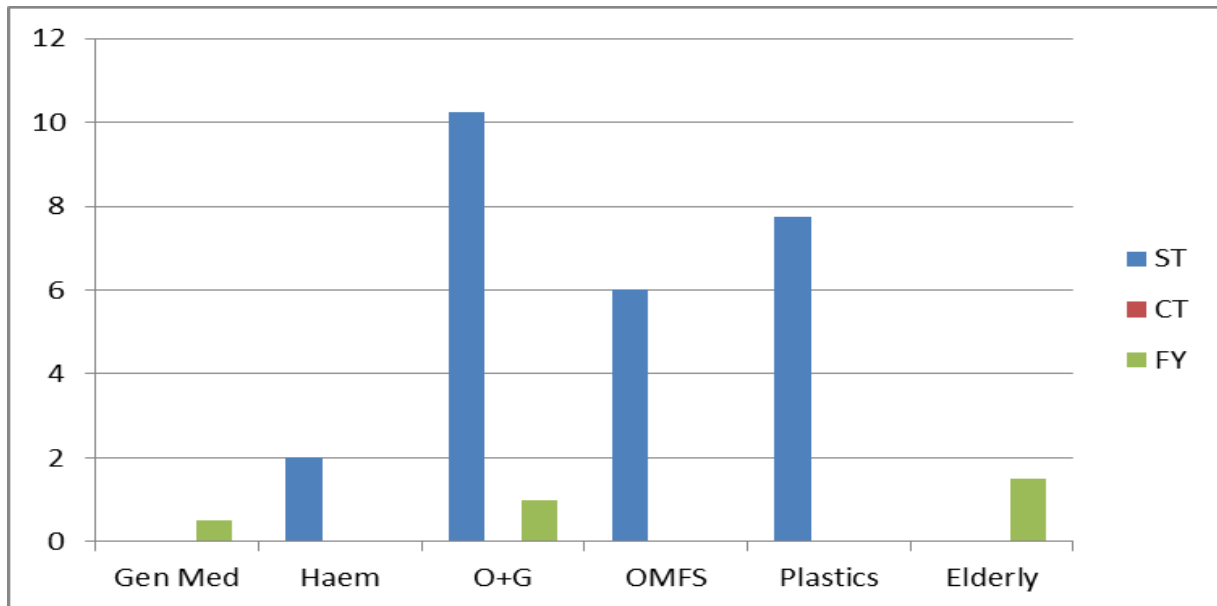
Exceptions by Speciality	Hours/work pattern	Educational	Service support / patient safety
General Medicine	4	5	1
O+G	9	0	0
Plastics	3	0	0
OMFS	2	0	0
General Surgery	1	1	0

Table 2: Exception report outcomes January – March 2021.

January – March 2021	
Payment	10
No further action	10
Yet to conclude	7
TOIL	5

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Figure 1: Exception reports (hours) by specialty and training grade January – March 2021.



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. No work schedule changes happened during this quarter.

Rota gaps

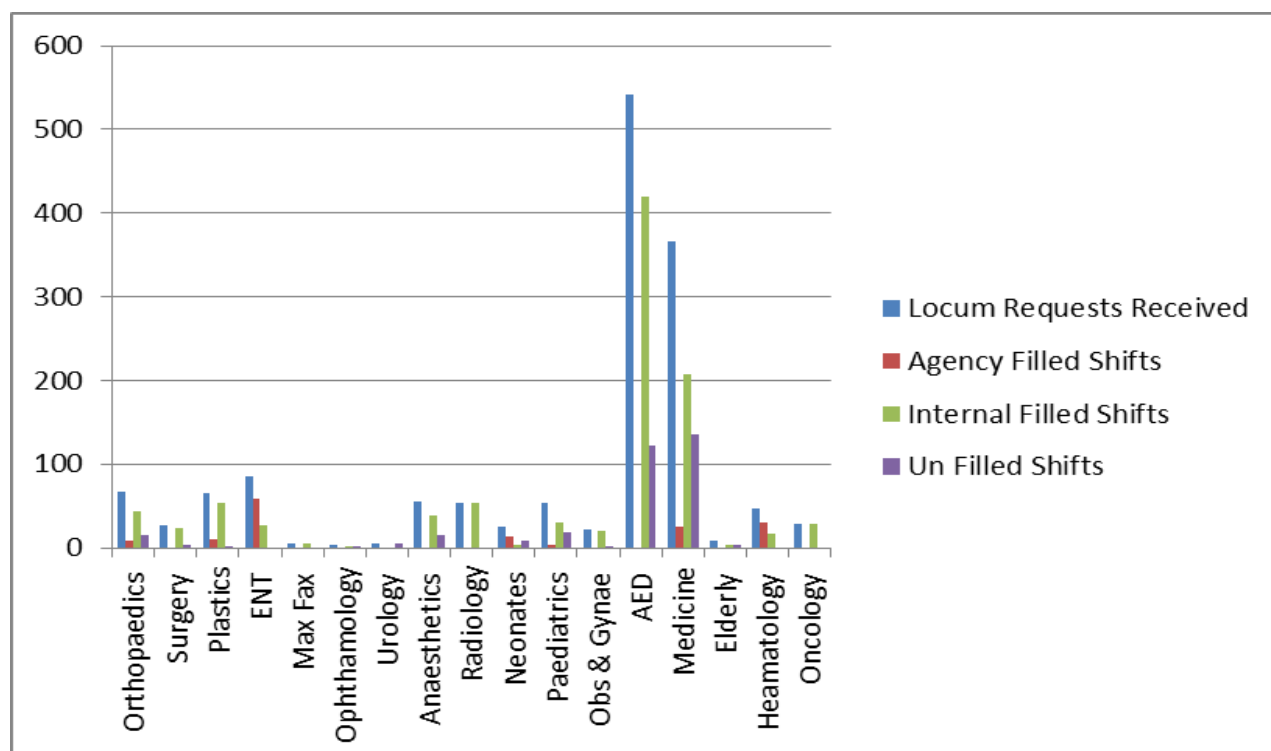
A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. We currently employ 60 fellows (27 junior level and 33 registrar level).

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 the requests from Medicine have significantly increased since the start of covid. The overall number of requests for locums was down compared with quarter 3 although the numbers remain high.

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Figure 2: Locum shifts by department January – March 2021



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 their annual leave. Where this was not possible, the trust agreed to payment in lieu. This was completed by January pay check for those rotating in December. No further issues regarding leave have been raised this quarter.

The anaesthetic trainees moved back to a 1:7 rota in February after the covid surge rota came to an end. The next step is to progress to a 1:8 rota but there is no date for this yet.

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.

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The highest number of extra hours reported was from Obstetrics and Gynaecology trainees. Most of the exceptions were from ST2 and above and the reason most quoted was the antenatal clinic over-running. I understand this has been an issue in the past so I will continue to monitor this.

Both OMFS and Plastics STs reported staying overtime and all cases seem to be related to operations running over or staying for educational opportunities for a specific case.

Work is ongoing to improve rest facilities for junior doctors although the work has been slowed by the covid pandemic. This money has helped to improve the doctor's mess and areas for both anaesthetic and surgical trainees.

Summary

- There was a decrease in exception reports compared with Quarter 3 but a similar level of excess hours worked.
- There were no issues raised regarding annual leave this quarter which is an improvement from quarter 3.
- The highest amount of overtime is in Obstetrics and Gynaecology which is due to the over-running of antenatal clinics. This has been an issue in the past so I will continue to monitor this closely.
- There continue to be high level of requests for locums from Accident and Emergency and Medicine but the numbers are lower than quarter 3.
- 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 have moved back to a 1:7 rota from the final covid surge rota.
- The remaining junior doctor rest fund is still being allocated due to delays with covid.