

Meeting Title	Board of Directors		
Date	10.03.22	Agenda item	Bo.3.22.30

GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING QUARTER 3 2021/22

Presented by	Dr Ray Smith Chief Medical Officer		
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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 PA.2.22.10	23.02.22	

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 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 3 there were 91 exception reports. 87 of these were related to hours/working patterns and 4 were education related.

In total, 75.5 additional hours were reported by junior doctors this quarter with the most reported hours coming from Orthopaedic core trainees.

Recommendation

Trainees within Orthopaedics were finishing night-shift late to stay for the trauma meeting. Following the trainees putting in exception reports and discussion within the team there has been a change and they can now leave at half 8 so they don't breach their hours.

Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern. This will be discussed every time a new trainee rotates.

There appears to be an improvement in Foundation doctors having their self-directed time with only 2 SDT related exceptions this quarter. I plan further discussions with rota co-ordinators about including this in the

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rota where possible for those trainees not getting this time.

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"/>

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.

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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 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

There was a big increase in exception reports this quarter with 47 reports coming from Orthopaedics alone. This was mostly due to the night team being kept until the end of trauma meeting in the morning which resulted in trainees staying between 15 and 75 minutes late. Due to multiple exceptions and discussions within the team the trainees are now sent home at half 8 even if the trauma meeting is ongoing which is a great outcome. The trainees received payment for the additional time spent at work.

Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern. This will be discussed every time a new trainee rotates. The BMA are aware and are happy with the plan.

There appears to be an improvement in Foundation doctors having their self-directed time with only 2 SDT related exceptions this quarter but I know from talking to the trainees on the shop floor that this is still variable. I plan further discussions with rota co-ordinators about including this in the rota where possible.

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6	Appendices
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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 2021 which occurred during the covid-19 pandemic.

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 91 exception reports with 4 for educational opportunities and the remainder for hours/work pattern. Orthopaedic core and foundation trainees submitted 46 reports for overtime all following a nightshift and staying until the end of the trauma meeting. As discussed this has hopefully now been resolved. Most of the hour's related exceptions in obstetrics are from the antenatal clinic over-running which is an ongoing problem. I have contacted the college tutors who are aware of the issues and are trying to recruit to fill the gaps on the registrar rota.

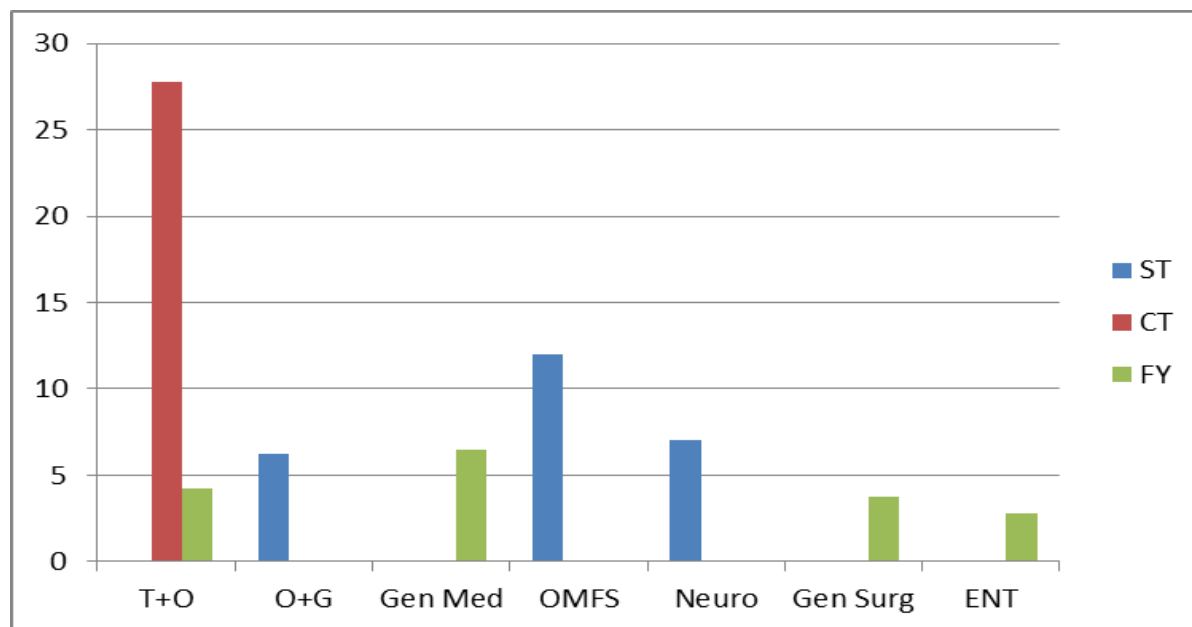
All medical exception reports came from Foundation trainees on a range of medical wards. The trainees were staying late due to poor staffing in all cases. In 7 of these reports the trainee felt the staffing levels led to a patient safety issue at the time.

Table 1: Number of exception reports by specialty October – December 2021.

Exceptions by Speciality	Hours/work pattern	Educational	Service support / patient safety
Orthopaedics	46	1	0
General Medicine	13	1	7
O+G	13	0	0
ED	5	0	0
General Surgery	3	0	0
ENT	2	0	0
Neurology	2	0	0
OMFS	2	0	0
Plastics	1	1	0
Ophthalmology	0	1	0

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Figure 1: Exception reports (hours) by specialty & training grade October – December 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

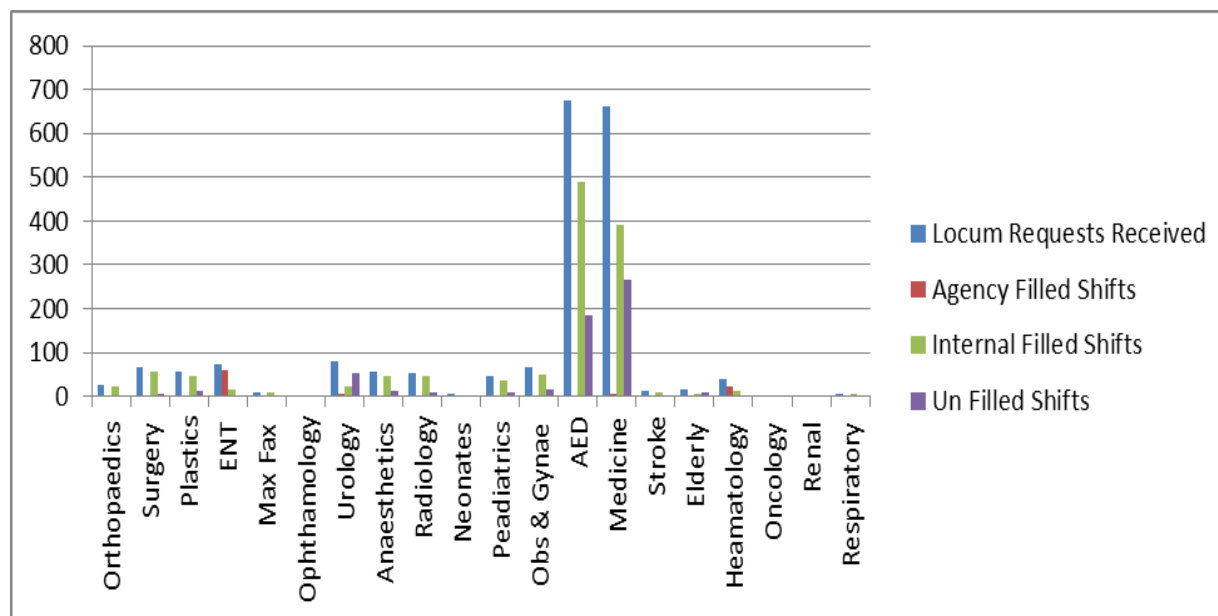
A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. We currently employ 60 fellows (27 junior level and 33 registrar level).

Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. There continues to be high levels of requests for locums within most departments with the highest requests again from ED and Medicine. There were 1953 locum requests in quarter 3 with 30% of shifts remaining unfilled. Again there has been much discussion about the locum pay rates offered for internal locum shifts and some trainees are choosing to go to other local hospitals for a better rate of pay. I understand negotiations continue for locum rates within the trust but this is most certainly an issue that is affecting the morale of the trainees. Note - costs of locums per department were not available at the time of writing the report.

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Figure 2: Locum shifts by department October – December 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

During this quarter there were reports from the Orthopaedic core and foundation trainees regarding late finishing after nights. The team were expected to stay for the morning trauma meeting which resulted in staying between 15 and 75 minutes late. Following 46 exception reports for additional time worked and discussion between the Orthopaedic team and Alyson Coatesworth in HR the trainees have been paid for the additional hours and the trainees can leave at half 8 at the end of the night shift.

We continue to get reports every month from Obstetrics registrars about staying late for antenatal clinic. I have fed this back to the college tutors and they admit this is a problem made worse by poor staffing. They are trying to recruit for 2 registrar level doctors.

In the previous report there were several exception reports from trainees working on Ward 17. They have now employed a full time Registrar level clinical fellow to support the team and there have been no further exception reports from trainees on that ward.

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Summary

- There were a high number of exception reports this quarter (the highest in the last 2 years) with the majority of trainees asking for payment for additional hours worked.
- The highest number of reports came from Orthopaedic trainees. 46 reports were due to staying late for the trauma meeting after night shift. The trainees were paid for their overtime and can now leave at 8.30am during the trauma meeting.
- There remains an issue with obstetric trainees staying late to cover antenatal clinics. The college tutors are aware and are trying to recruit 2 more registrars.
- Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern.
- There appears to be an improvement in Foundation doctors having their self-directed time compared with the previous quarter – I will continue to monitor this.