**Board Report from the Guardian of Safe Working Hours (GoSWH).**

**For DOCTORS AND DENTISTS IN TRAINING**

**BOD 66/2017**
(Agenda item: 11)

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A Guardian of Safe Working Hours (GoSWH) was appointed by all trusts as part of the new junior doctors’ contract which came into effect in 2016. I was appointed as the GoSWH for our trust.

This is an entirely new concept and my role is to safeguard junior doctors (trainee psychiatrists, GP trainees, foundation doctors and trainee dentists) working in our trust, to ensure they are not working excessive or unsafe hours.

My role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for our junior doctors. The work of the guardian will be subject to external scrutiny by the Care Quality Commission (CQC) and by Health Education England (HEE). The aim is to ensure the safety of doctors and therefore of patients.

It is expected that I will submit a report to the board on a quarterly basis, which will include the following (all of which I will explain below):

* Aggregated data on exception reports.
* Details of fines levied against departments with safety issues.
* Data on rota gaps/staff vacancies/locum usage
* A qualitative narrative highlighting areas of good practice and/or persistent concern.

**Other features of the new junior doctors’ contract:**

**Exception reports**: Whenever the work schedule (see below for definition of work schedule) does not reflect the work that was agreed (e.g. the junior doctor is working too many hours on call) the trainee is expected to raise an “exception report” using a computerised system. The aim of this system is to ensure that a work schedule remains fit for purpose. The exception report provides real-time information and identifies problems as they arise. It benefits both employers and training doctors, as whenever safe working is compromised (e.g. a trainee works too many hours) or an educational opportunity is missed, these problems can be raised and addressed early on in a placement, resulting in safer working and a better educational experience.

As GoSWH, my role is to oversee exception reporting and compliance with the 2016 contract, but only with respect to working hours. The Director of Medical Education oversees missed training opportunities.

**Work schedule:** This is similar to a consultants’ job plan. Supervising consultants (called Clinical or Educational Supervisors) and employers will be required to devise work schedules for each post. This will be a generic schedule setting out the hours of work, the work pattern, the service commitments and the training opportunities available during the post.

During their first meeting with a Clinical or Educational Supervisor, a junior doctor and their supervisor will identify the experiences the trainee could gain from that post, and that they require in order to achieve certain desired competencies during their training. The work schedule will be agreed with their supervisor.

**A junior doctors forum:** will be established in each trust. The forum will advise the GoSWH of issues relating to safe working, and will also advise the Director of Medical Education of concerns about missed educational opportunities for trainees. Two junior doctors have come forward to jointly chair the forum in our trust. I have met them regularly and they have established a link with other Junior Doctors forums in the area. We will have our first forum in a few weeks.

**Sanctions for our trust**: If certain contractual rules are broken with respect to junior doctors’ working hours (see appendix), the GoSWH is to **fine his own trust**. This money will be distributed for the benefit of all junior doctors and the GoSWH will be guided by the junior doctors forum as to how they might want to spend the money.

Junior doctors are expected to take **time off in lieu (TOIL)** (preferred as we are trying to limit their working hours) for the occasions they work extra and unexpected hours, or to receive **extra payment**.

**Additional Guardian Powers**:

* Require a review of a work schedule to be undertaken where necessary
* Intervene where issues are not being resolved satisfactorily.
* Give assurance to the board that doctors are rostered safely and are working safe hours.
* Identify for the board any areas where there are current difficulties maintaining safe working hours.
* Outline for the board any plans already in place to address these difficulties.
* Highlight for the board any areas of persistent concern which may require a wider, system solution.
1. **Relevant Junior Doctor Data.**

Number of doctors / dentists in training: 101

Number of doctors / dentists in training on 2016 Contract 65

Amount of time available in job plan for guardian to do the role: 2 PAs / 8 hours per week

Admin support provided to the GoSWH (if any): None

Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

Number of Locum shifts used by the Trust: December, 26

January, 30

February, 13

March, 19

April, 17

1. **Rota gaps/staff vacancies and compensation paid to junior doctors.**

**Rota gaps equate to Vacancies:**

Dec-Feb, 2.0 whole time equivalents (wte) plus 1.6 mat leave to cover

Feb-current, 2.8 wte

 **Compensation paid to junior doctors**

3.75 hours of payments were made for additional hours worked, to two trainees based on three exception reports.

1. **Challenges so far, for the Guardian of safe working hours.**
2. **Engagement with the new contract:**

Junior doctor engagement has been good and we are in the process of establishing a Junior Doctors Forum. I meet the junior doctors often, to ensure they know who I am with the hope that they feel comfortable to raise any concerns.

Engagement with the Educational Supervisors (ES) and Clinical Supervisors (CS) has been challenging. National training has been issued by Health Education England, which will be helpful. Heather Daw (and myself at some events) have met with many of our consultant supervisors to explain the new systems and also helped them on an individual basis. Until they are reviewing exception reports with their trainees on a regular basis, they are unlikely to become familiar with the system.

1. **Software System**

The Trust uses a nationally procured system for medical staff rotas called the Doctors Rostering System 4, (DRS) 4. This system is also used for exception reporting. There are cost implications for the trust, i.e. we have to purchase (DRS) 4. Each junior doctor on the new contract has been given log in details and has been registered on the system in order to submit an exception report as necessary. The Educational Supervisors and Clinical Supervisors have also been registered and set up on the system. All exception reports, once reviewed by the supervisor with the trainee (preferably at a joint meeting) are signed off by the supervisor and go to a central inbox monitored by the Guardian, the Director of Medical Education (DME) and the Administrator (Heather Daw).

(DRS) 4 does not ‘speak’ to payroll and as a result all requests for additional payment for hours worked have to be administered manually.

It also does not summate reports for the board in a useful manner (I have done this manually, see below).

Heather and I have explored other systems but have agreed to work with (DRS) 4 for at least the coming year. We will monitor the system to ensure it improves.

1. **Workload**

There have been workload implications for our Medical HR department. I have worked alongside them and they have helped me enormously.

The new contract has workload implications for both educational and clinical supervisors when a trainee submits an exception report. The amount of time will depend on the number of exception reports submitted and their complexity. It is too early to make a judgement about this currently. It is expected that each trainee reviews each individual exception report with their supervisor and that they jointly work out together how to resolve issues and to sign off the report on the computer system.

1. **Junior Doctors Forum**

The GoSWH has helped the junior doctors to establish the Junior Doctor Forum. They have established a link with Bucks JDF and will work alongside them. The Chair and I will attend one of the Bucks meetings in the near future to see how they organise their JDF.

1. **Guardian networking**

I have attended all “Guardian events” up to now. These have included two national events, and three local events. We have both a national and regional network in which we exchange information or offer each other support, almost on a daily basis. This is a new role for all of us, so we are working out how to best fulfil our role as we progress.

1. **Encouraging Trainee doctors to submit exception reports.**

There is a sense that junior doctors are reluctant to submit exception reports, for fear of damaging their relationship with their supervisor, leading to poor references being offered in the future. I see my role as encouraging a culture of “no blame”. It is crucial I have the Junior Doctors’ confidence. It is also crucial that the supervisors rapidly understand the new systems and I am helping their understanding of the contractual changes as far as I am able. Supervisors having to work out solutions in collaboration with junior colleagues at a joint meeting, is likely to be a useful model of working. Perhaps this form of meeting will lead to pro-active problem solving in future.

The GoSWH is an impartial bridge between management and junior doctors, but I am an advocate for my junior doctor colleagues.

1. **Management response to exception reports**

I have found management colleagues responsive to the details raised in exception reports up to now and keen to explore solutions wherever this is possible (e.g. consideration of “on call tasks” that junior doctors get asked to complete, which could be performed by colleagues from other disciplines; or considering an adjustment to rostered hours).

I plan to send my board report to all Clinical Directors and the METC, after the board meeting, in order to keep them up to date with our progress.

1. **Aggregated data on exception reports.**

There have been 27 exception reports since December 2016 up to May 8th 2017 (See Appendix for details).

Some reports are for more than one reason, e.g. no breaks and finishing late.

**Results:**

1 due to a missed educational opportunity

6 due to not having taken sufficient breaks

16 due to late finishing after a normal days work

5 due to late finishing after a night shift

3 due to late finishing after an evening shift.

1 due to an early start

**Immediate safety concerns:**

There have been two immediate safety concerns, which I have investigated with the trainee concerned and do not feel they require any further action at present.

**Outcomes:**

There have been three payments for additional hours.

Other hours have been taken as time off in lieu.

**Sanctions:**

There have been no indications to fine the trust.

1. **Executive Summary**

**This has been a novel and rewarding role which I am enjoying.**

**Exception reporting is at a relatively low level compared to other trusts in the area. However compared to our nearest mental health trust and other mental health trusts nationally, our rate is high.**

**Management have been responsive to the data that has been generated.**

**The Junior Doctors Forum is almost established.**

**It is too early to identify areas of persistent concern. My impression up to now is that supervisors and managers are doing their best to resolve issues that cause exception reports, as quickly as they can.**

**Heather Daw and her colleagues have offered both me and all the junior doctors support. I’d like to publically thank them for all their help and expertise in the early stages of these contractual changes.**

**Appendix:**

**There are four instances in which a fine is imposed on our trust.**

* A junior doctor works more than 48-hours in an average working week (probably worked to ensure patient safety). Exception reports would be submitted for each day that they worked over contracted hours.
* A junior doctor works more than 72-hours in any 7 calendar days consecutively
* There is less than 8 hours rest between shifts
* Breaks have been missed on at least 25% of occasions across a 4-week reference period (Junior doctors must have a paid 30 minute break for a shift lasting longer than 5 hours. And a second 30 minute break for a shift lasting longer than 9 hours).

**Fines** are levied at four times the relevant hourly rate applicable when the additional time was worked. 1.5 times being paid to the doctor and 2.5 times is retained by the guardian.

**Breaks missed** - fines are levied at twice the relevant hourly rate for the time in which the break was not taken, the entire sum is retained by the guardian

**Appendix: Details of Exception Reports**

**Type of exception report Junior doctors’ comments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LATE FINISH AFTER NORMAL DAYS WORK/NO BREAKS I had to stay late to ensure safe handover |  |  |  |  |
| EARLY START/NO BREAKS Covering staff sickness |  |  |  |  |  |
| NO BREAKS |  |  |  |  |  |  |  |  |  |  |  |  |
| LATE FINISH AFTER NIGHT SHIFT/NO BREAKS to complete paperwork, covering wards  |  |  |  |  |
| LATE FINISH AFTER NIGHT SHIFT/NO BREAKS in EDPS to complete clinical work, as day staff were ill or short staffed |  |
| LATER FINISH AFTER NORMAL DAYS WORK/NO BREAKS Partially related to other Fulbrook SHO's being away for various reasons. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LATE FINISH AFTER EVENING SHIFT Had to stay until 22.30 following an evening shift (1700-2130) in EDPS  |  |
| LATE FINISH AFTER EVENING SHIFT Didn't finish evening ward shift until 22:45 due to workload.  |  |  |
| LATE FINISH AFTER EVENING SHIFT Finished on call Warneford shift at 22:30.  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK after a home visit to see a patient |  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK The ward round over ran so it finished at 6pm, only one on call doctor  |  |
| LATE FINISH AFTER NORMAL DAYS WORK only junior available to jobs, Only one on call doctor  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK Late leaving, urgent ward jobs. mandatory induction  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK mandatory induction, behind on regular ward jobs  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK mandatory induction stayed late to finish the urgent jobs  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK mandatory teaching, jobs had accumulated during the day  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK mandatory teaching finishing jobs that had accumulated during the day  |  |
| LATE FINISH AFTER NORMAL DAYS WORK ward round day, jobs generated at around 3pm. SHO was absent that day  |  |
| LATE FINISH AFTER NORMAL DAYS WORK urgent ward jobs. off the ward in the morning due to mandatory induction  |
| LATE FINISH AFTER NORMAL DAYS WORK Stayed late to finish urgent ward jobs missing another Fy1  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK Partially related to other Fulbrook SHO's being away for various reasons. |  |
| LATE FINISH AFTER NORMAL DAYS WORK two incidents were raised with me in an emergency before leaving.  |  |  |  |
| LATE FINISH AFTER NORMAL DAYS WORK ward round day, one of the FY1s was scheduled to work on SEU;  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LATE FINISH AFTER NIGHT SHIFT in EDPS  |  |  |  |  |  |  |  |
| LATE FINISH AFTER NIGHT SHIFT Had to wait till CAMHS office were open to hand over info  |  |  |  |  |
| LATE FINISH AFTER NIGHT SHIFT in order to verbally handover to the ward doctors -  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MISSED EDUCATIONAL OPPORTUNITY finishing a night shift at the Horton Hospital unable to attend the induction  |

**NB: Colours have no significance. Purely used to make report easier to read.**