

# Report to the Board Meeting of the

**BOD 152/2017**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

**Date of report: 20 November 2017**

**Guardian of Safe Working Hours for Doctors and Dentists in Training, Quarterly Report 2017**

**For: Information**

**Executive Summary**

This is a rewarding role that is facilitating productive change. Senior managers and trainee doctors are meeting and collaboratively finding ways to solve dilemmas which have generated exception reports.

The Junior Doctors Forum is established and working well and has noted the interest the Board has shown in this issue.

**Governance Route/Approval Process**

This is a quarterly report. This report has not been presented to any other committees or groups in the Trust.

**Recommendation**

There are no current recommendations.

**Author and Title: Dr Phil Davison Guardian of Safe Working Hours**

 ***Strategic Objectives*** *– this report probably relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

***1) Driving Quality Improvement***

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

***2) Delivering Operational Excellence***

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

***3) Delivering Innovation, Learning and Teaching***

*(Goals: the impact of the AHSN, AHSC and CLAHRC will be maximised; we will collaborate in research and innovation; and we will deliver high quality teaching)*

***5) Developing Leadership, People and Culture***

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*

***6) Getting the most out of Technology***

*(Goals: our patients and staff will have the right technology available; our workforce will have the necessary IT skills to do their jobs well; and an outstanding IT service will be delivered)*

**Guardian of Safe Working Hours Quarterly Report November 2017**

**Introduction**

The Guardian of Safe Working Hours (GoSWH) is a new role across the NHS and was implemented following junior doctor contract negotiations in 2016. This Trust was an early adopter of the role and I have been in post since summer of 2016.

**The Role of the Guardian of Safe Working Hours**

The GoSWH is not part of the management structure of the Trust and is able to act independently in response to concerns raised with him by our trainee doctor colleagues. The work of the guardian is 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.

The Guardian reports directly to the Board and I have **two** broad aims (although the role is inevitably more complex):

* To promote a culture where trainee doctors feel comfortable about raising concerns with respect to their safe working hours and do not fear adverse repercussions if they raise these, either in person by talking to me, or by generating an exception report (see appendix for definitions).
* To report to the board and directorates, on the numbers and patterns of exception reports that are being generated by trainee doctors.

**Other aspects of the role of GoSWH**

The Guardian Oversees the Exception reporting system and reports quarterly to the board. All board reports should include the following:

1. Aggregated data on exception reports.
2. Details of fines levied against departments.
3. Data on rota gaps/staff vacancies/locum usage
4. A narrative that highlights successes and challenges of the GoSWH.
5. **Aggregated data on exception reports:**

There have been 66 exception reports from December 2016 to November 20th 2017 (note, some exception reports are for more than one reason)

|  |  |
| --- | --- |
| **Late finish after a normal days work** | **23** |
| **Insufficient breaks during a shift** | **10** |
| **Work pattern deviation from work schedule** | **11** |
| **Late finish after any on call shift** | **19** |
| **Missed educational opportunity** | **5** |
| **Early start** | **5** |

1. **Details of fines levied against departments**

There have been no fines issued against any department

No compensation has been paid to trainees over the last three months.

1. **Data on rota gaps/staff vacancies/locum usage**

We have 101 trainees, all are on the new contract

**Rota Gaps:** In August, September and October across all the rotas there were 163 gaps

39 Oxford Core Trainee years 1 – 3, rota

27 Bucks Core Trainee years 1 – 3 rota

97 Oxford Advanced trainees GA/OA rota

**Staff vacancies:** At Core Trainee year 1 level we had 3 vacancies. Heather has recruited to these and they have all started work.

At Advanced Trainee year 6 level, we had 7 vacancies. Heather has recruited 1 doctor and this doctor has started work.

**Locum usage:** all but 11 shifts were covered by locums

1. **Narrative Overview of Successes and Challenges for the GoSWH:**

**Successes**

* Managers and trainees have embraced the contractual change and are looking for ways to improve working conditions together. Guardians appear to be facilitating some of the meaningful changes
* Each trainee doctor has a work schedule mapped to their curriculum and training needs
* Boards are talking about education and safe working hours. In addition, our board invited the Junior Doctor Forum Chair and Vice Chair to attend a board meeting and is exploring ways to attract high quality trainees to Oxford Health NHS Foundation Trust, by making this the most attractive place to train in the country
* There has been no further industrial action nationally
* Many trainees seem comfortable to submit exception reports
* Most trainers seem comfortable to close exception reports.

* The role of our colleagues in Medical HR needs to be highlighted. They have assisted trainees and trainers to complete processes associated with exception reporting and continue to assist me in my role.

* The current rotas are safe
* No work schedules have needed review to date
* The trust has not been fined to date
* There have been no immediate safety concerns
* The junior doctors’ forum is established and working well.
* The GoSWH makes himself available and hopefully visible to training doctors

**Challenges**

* Encouragement to submit an exception report might be needed for some trainees. The JDF is in the process of surveying our trainee doctors to ensure they are comfortable about generating exception reports.
* There may be poor up take of **educational** exception reporting. Perhaps exception reporting is seen as: “just about hours”.
* Our current IT system (DRS4) is not as transparent as it could be (depends on the Guardian’s interpretation of the data), it will not cope with a higher numbers of reports, and it is not user friendly for trainees. Other systems are being explored.
* At present, there are potential problems with some rotas: CAMHS, advanced trainees and ADULT advanced trainees.
* The relationship between trainee & CS/ES (Clinical and Educational Supervisor) is an ongoing concern, although no overt problems appear to have developed.
* There are potential problems for an ES who works outside the trust (although no issues have so far emerged).
* There is a developing working relationship with Medical HR colleagues in OUH, which is necessary, as they are the employers for some trainee doctors, when they spend some time working in our trust.

**Appendix: Features of the new junior doctors’ contract:**

**(all information has been presented in previous reports, but is provided here for ease of access)**

1. **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 (DRS4). 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.

1. **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.

1. **The junior doctors forum:** has been established in our 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.
2. **Sanctions for our trust**: If certain contractual rules are broken with respect to trainee doctors’ working hours 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.

Trainee 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**.

1. **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. **The National and regional picture**

I have attended all National and Regional Guardian meetings. In the Thames valley we have a useful quarterly meeting of all Guardians, prior to the submission of our Board reports.

We have a similar level of exception reports, based on the number of trainees working in our trust, as compared to our colleagues in Oxford University Hospitals Trust, Buckinghamshire, Milton Keynes and Berkshire.