

# Report to the Board Meeting of the

**BOD 27/2018**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

**28 February 2018**

**Guardian of Safe Working Hours for Doctors and Dentists in Training, Quarterly Report 2018**

**For: Information**

**Executive Summary**

My role is helping to facilitate change for our junior doctor colleagues. For example, since my last report, CAMHS junior doctors (advanced trainees) have moved from a 1:6 to a 1:8 rota, thanks to their consultant colleagues who have had to increase the frequency of their own on call rota, in order to relieve the burden on the advanced trainees. The hope is that this lesser frequency of on call, will mean that a lower number of exception reports are generated by junior doctors. Prior to the change the advanced trainees were working more hours than their work schedule specified and at times had not achieved a minimum of 5 hours continuous rest whilst on call.

The Junior Doctors Forum is established and working well. We are monitoring rotas of concern, in particular the on call rota whilst covering the Emergency Department Psychiatric Services (EDPS), as this rota is generating more than expected exception reports. This is thought to be due to the volume of administrative work that is necessary after each patient is assessed and the guidance that patients need to be seen within one hour of referral, which is a significant challenge at times.

As I have indicated in previous reports, we have to make conclusions about exception reports, based on the narrative data which is written by our junior doctor colleagues. This is because the computer software we are using is not particularly sophisticated. The lack of sophistication is not a major concern, as we do not have a large number of exception reports (I read them all individually). The JDF chair and I have jointly examined some of the data and our conclusions were identical. We are educating our junior colleagues at each induction on how to complete an exception report. This will allow for accurate data collection.

I will meet the CQC as part of the CQCs Trust-wide well led inspection

**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.

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 ***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 February 2018**

**Introduction:**

The Guardian Oversees the Exception reporting system and reports quarterly to the board. All board reports will 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 90 exception reports from December 2016 to February 21st 2018. Some reports are for more than one reason.

|  |  |
| --- | --- |
| **Late finish after a normal days work** | **30** |
| **Insufficient breaks during a shift** | **14** |
| **Work pattern deviation from work schedule** | **23** |
| **Late finish after any on call shift** | **20** |
| **Missed educational opportunity** | **6** |
| **Early start** | **4** |
| **Unable to achieve 5 hours continuous rest** | **12** |

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

There have been no fines issued against any department

Compensation for extra hours worked has been paid to trainees on 22 occasions so far.

Time off in lieu has been taken on 51 occasions.

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

We have 101 junior doctors, all are working under the terms & conditions of the new contract. The Term “junior doctor” includes any qualified doctor or dentist in a postgraduate training programme, who could range from having just qualified as a doctor, to experienced doctors with 8 or more years of postgraduate specialty training and who are just about to enter consultant practice. Junior doctors can be core trainees (in their first 3 years of speciality training), or advanced trainees (usually in the later stages of their training, usually being years 4 to 6, or longer if they are training part time).

There have been some rota gaps since the last report and Medical HR colleagues have found locum cover for these gaps.

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

**Successes**

* Managers and junior doctors have embraced the contractual change and are looking for ways to improve working conditions together. As Guardian I hope I am facilitating some of the changes to working conditions.
* As I indicated in the introduction, the potential problem our CAMHS junior doctors (advanced trainees) faced might have been resolved.
* Each junior doctor has a work schedule mapped to their curriculum and training needs.
* Our Board is concerned about education and safe working hours for their junior doctor colleagues. We are exploring ways to attract high quality junior doctors to Oxford Health NHS Foundation Trust, by making this the most attractive place to train in the country.
* Many junior doctors seem comfortable to submit exception reports.
* Most trainers seem comfortable to close exception reports.

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

* All of our current rotas are safe
* No work schedules have needed review
* The trust has not been fined
* There have been no immediate safety concerns
* The junior doctors’ forum is established and working well. Our local BMA Industrial Relations officer, quotes the success of our Junior Doctors Forum when she visits other Forums.
* The JDF chair wrote a guide to exception reporting for junior colleagues. This will increase the accuracy of our data.

**Challenges**

* The JDF is surveying our junior doctors to ensure they are comfortable about generating exception reports & to assess the practicalities of taking TOIL when it is required.
* There may be poor uptake of **educational** exception reporting. Perhaps exception reporting is seen as: “just about hours”. This is an issue that the JDF is monitoring as we suspect junior doctors are not generating enough exception reports related to education (however, there are planned changes to the timetable of the Oxford Postgraduate Psychiatry Course, which could make training events easier to attend in future).
* Our current IT system (DRS4) is satisfactory, but it depends on the Guardian interpreting the narrative data written by the trainees. I have been assisted by the JDF chair who has also interpreted a sample of the data and we produced identical results.
* We have on-going concerns about our Adult and Older adult advanced trainees’, on call rotas. The greatest concern is the challenge of achieving 5hrs continuous rest between 10pm and 7am. One of the advanced trainees, assisted by the JDF is performing a survey of the current work load for this rota.
* As I have indicated in the executive summary, there are concerns about the numbers of exception reports generated from junior doctors who are on call and covering EDPS. This is probably due to the volume of paperwork that has to be completed for each patient. In addition, the working conditions of our junior doctor colleagues have recently changed: the trainees now have a base in A and E next to the resuscitation area, and risk assess admissions to the department from the case notes. EDPS is expected to assess patients referred by A&E within one hour, which can be difficult to achieve if a referral occurs when the trainee is already seeing another patient or doing administration related to a previous case.
* The JDF is currently undertaking a survey to ascertain if Time Off in Lieu (TOIL) is being taken.
* The CAMHS advanced trainee rota is being monitored, now that the frequency of on call has decreased, to ensure the level of exception reports has decreased.

**Appendix:**

1. **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.

1. **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.
1. **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.