

# Report to the Meeting of the

**BOD 85/2018**

(Agenda item: 12)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 June 2018**

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

**For: Information**

**Executive Summary**

I continue to monitor Junior Doctors working hours through the exception reporting system.

I regularly meet the chair of The Junior Doctors Forum (monthly) which continues to work well under the chairmanship of Dr. Rebecca McKnight.

Since my last report The Junior Doctors Forum has:

* + conducted a **comprehensive survey of TOIL** in February and March 2018 (time off in lieu)
	+ conducted a comprehensive and detailed **audit of ST On Call working patterns** for one month. I have referred to the results in this report.
	+ continued to monitor rotas of concern
	+ explored ways that Junior doctor colleagues might complete exception reports with greater clarity to aid data analysis.
	+ assisted me with a detailed analysis of exception reports for the period February to April which is reported below.

I regularly meet Heather Daw (monthly) who assists me in my role.

**Governance Route/Approval Process**

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

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

**Recommendation**

There are no current recommendations.

***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)*

**Introduction:**

As Guardian of Safe Working Hours, I oversee the Exception reporting system and report quarterly to the board. All board reports 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 130 closed exception reports from December 2016 to February June 13th 2018. This is an expected number based on the number of trainees working with us (101).

7 reports relate to exceptions in education and 124 relate to hours and rest issues (one report contains both an education exception and a single hours and rest issue, hence the total 130)

**Detailed analysis of exception reports.**

For this quarter, I present the data slightly differently from normal. I have had the opportunity to explore the data in depth with the JDF for the period: **February 21st 2018-April 27th 2018. In addition, the Junior Doctors Forum completed an audit of ST on call during this period (19th March to 9th April),** which I will refer to (see below).

**Total no. of reports in this period: 37 exception reports** (submitted by 18 trainee doctors, i.e. some reports were submitted for more than one reason)

**Reports based on training grade:**

Reports from ‘SHO’ full-shift rota: 2

Reports from GA/OA/For ST4-6 Rota: 10

Reports from CAMHS ST4-6 Rota: 6

|  |  |
| --- | --- |
|  |  |
| **Type of exception**  |  |
| **Late finish after a normal** **day’s work**  | 0  |
| **Late finish after an OOH shift**  | 1  | EDPS  |
| **Early start**  | 0  |
| **Insufficient breaks during a shift**  | 2  | 1 Oxford ST rota 1 SHO |
| **Insufficient rest during a non-residential on-call period: <5hrs consecutive rest between 22:00-07:00**  | 15  | 12 = Oxford ST rota 3 = CAMHS ST rota  |
| **Insufficient rest during a non-residential on-call period:<8hrs rest in 24hrs**  | 7  | 5 = Oxford ST rota 2 = CAMHS ST rota |
| **Number of hours worked during on-call across the week greater than prospective on-call hours on work schedule’**  | 12  | 7 = Oxford ST rota 5 = CAMHS ST rota |
| **Missed educational opportunity**  | 0  |
| **Total = 37** **Summary of the JDF Audit of ST on call:**  |

* 1. STs are disturbed 60% of time between 2 – 3 am thereby preventing them achieving 5 hrs. continuous rest.
	2. For GA/OA ST 4 – 6, 50% work is MHA work and 50% trust work.
	3. It is difficult to draw conclusions about quantity of work on call i.e. there is large variability between shifts. Range of work varies from very little to 12.25 hours.
	4. For GA/OA ST 4 – 6, Work is greater than work schedule **IF** MHA work is included.
	5. Even taking into account ONLY trust work, 18% of shifts, are worked more than prospective hours.
1. **Details of fines levied against departments**

There have been no fines issued against any department

Compensation has been paid to trainees over the last three months for work completed out with their work schedules (whilst on call).

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

We have 101 trainees; all are on the new contract. There have been a small number of rota gaps which have been filled by locums.

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

**Successes**

* The potential work schedule problem our CAMHS advanced trainee faced, might have been resolved by a lower frequency of on call. However, the analysis above indicates that they might not be getting enough rest.
* CAMHS advanced trainees have had their work schedules reviewed in light of the data produced by exception reports. This means that they are remunerated at a higher level, taking into account the average hours they work whilst on call.
* Each trainee doctor has a work schedule mapped to their curriculum and training needs, this included trainees who are about to join us in August.
* Many trainees seem comfortable to submit exception reports
* Most trainers seem comfortable to close exception reports.

* All of our current rotas are safe
* The trust has not been fined
* There have been no immediate safety concerns
* **The JDF survey of TOIL:** indicates that TOIL is taken by 2/3 of the trainee doctors, but not necessarily at the appropriate time. E.G. at times it is taken at a point distant from the exception report, rather than when needed, i.e. just after the generation of the exception report when rest is required in order to practice safely. TOIL needs to be taken on the next working day after the exception. Consultants need to be aware that their trainees may need TOIL after a shift or non-residential on call, and ST4-6s could organise their calendars appropriately (i.e. not book clinic/ essential training engagements on the morning after an on-call).
* The junior doctors’ forum is working well.
* **FY/GP/CT weekend shifts.** The OOH working group has set up a quality improvement project as a pilot scheme of having a 2nd trainee covering the wards at weekends, 9-5. The plan was for this to be implemented in May for 4 weeks then the stress and workload compared to the following 4 weeks which will only have 1 trainee. The shifts have been advertised as locum shifts and almost completely filled by trainees currently or recently employed by the trust

**Challenges**

* There may be poor up take 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 trainees are not generating enough exception reports. The timetable for the Oxford Postgraduate Psychiatry Course will change in September 2018 which could make training events easier to attend in future.
* We have ongoing concerns about our Adult and Older adult advanced trainees’, on call rotas.
* 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.
* Myself and the JDF chair have discussed the results of on call survey with management colleagues.

**Appendix: For Reference**

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 doctor’s 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.