

# Report to the Meeting of the

**BOD 115/2018**

(Agenda item: 15)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 September 2018**

**Guardian of Safe Working Hours**

**Quarterly Report**

**For: Information**

**Executive Summary**

There has been a significant increase in Exception Reporting in this quarter (from 39 to 62). This is likely to indicate that trainees are more comfortable about generating exception reports, rather than a significant change in work patterns.

The exception reporting system is starting to indicate which areas of our trust are generating a greater number of reports. This evidence requires further investigation with my colleagues from the JDF before conclusions are drawn.

Advanced trainees (ST4-6) are regularly unable to achieve 5 hours continuous rest between 10 pm -7 am. On three occasions this coincided with not achieving 8 hours rest in 24 hours and it typically results in the ST working more than the prospective hours on their work schedule.

Less Than Full Time Trainees (LTFT) ST4-6s have low prospective weekly working hours (60% have 2 hours total). This means they regularly work over these hours during a single on-call period.

**Governance Route/Approval Process**

1. *This is a quarterly update.*
2. *I report directly to the Trust Board.*

**Recommendation**

The Board is asked to note the report.

**Author and Title: Dr P. S. Davison, Guardian of Safe Working Hours**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives*** *– this report 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)*

*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)*

*7) Using our Estate efficiently*

*(Goals: patients and staff will benefit from safe and appropriate environments; our estate will be sustainable and environmentally-friendly; and our estate will be cost-effective)*

**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 (ER).
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:**
6. Running total is 162 Exception reports since 1st February 2017 to 24th August 2018
7. **Exception Reports Quarterly Summary:**

**01 April 2018- 24 Aug 2018**

|  |  |
| --- | --- |
| **Total no. of Exception reports: 62**  **Total no. of Exception reports in analysis: 59**  **Total no. of Exception reports: 75 (i.e. some reports were for more than one reason)** | No. of Exception Reports |
| Foundation year 1 | 9 |
| CT1-3/FY2/GPVTS | 15 |
| GA/OA/Forensic/LD ST4-6 | 26 |
| CAMHS ST 4-6 | 9 |

*2 reports from OUH (geriatrics & cardiothoracic) & 1 report related to general working conditions within a post rather than an identified exception, so all three were excluded from the analysis.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total exceptions** | **FY1** | **CT/**  **GPVTS/FY2** | **ST4-6** | **CAMHS** | **Comments** |
| Late finish after normal day | 17 | 8 | 8 | 1 | 0 | VT ward for FY1s, mixture for SHOs |
| Insufficient breaks during shift | 2 | 0 | 2 | 0 | 0 | 1 normal day; 1 OOH shift |
| Missed educational opportunity | 0 | 0 | 0 | 0 | 0 |  |
| Early start | 0 | 0 | 0 | 0 | 0 |  |
| Late finish after an OOH shift | 7 | NA | 7 | NA | NA | 6 EDPS, 1 Wards |
| Insufficient rest during non-res on-call:<5 hours consecutive rest within 22:00-07:00 | 25 | NA | NA | 21 | 4 |  |
| Insufficient rest during non-residential on-call:<8 hours minimum rest in 24 hours | 3 | NA | NA | 3 | 0 | 2 very close to not achieving 8 hours (1 ST, 1 CAMHS) |
| Late finish after non-residential on call | 1 | NA | NA | 1 | 0 |  |
| No. of hours. worked on-call >prospective on work schedule | 20 | NA | NA | 14 | 6 |  |

1. **Themes identified from Exception Report analysis:**

General:

* The number of ERs received during this quarter was a significant increase from the previous quarter (n=39)
* FY1s on Vaughan-Thomas ward are submitting reports regarding late finishes

Full Shift FY2/CT1-3/GPVTS rota:

* Late finishes after an OOH shift are still tending to be from SHOs working in EDPS

Non-residential ST4-6 rotas:

* ST4-6s are still frequently unable to achieve 5hrs continuous rest between 10pm-7am; on 3 occasions this coincided with not achieving 8hrs rest in 24hrs and it typically results in the ST working more than the prospective hours on their work schedule.
* CAMHS STs seem to have been paid for extra hours rather than receive TOIL. On one occasion a trainee may have been paid for hours of MHA work accidentally.
* Less Than Full Time Trainees (LTFT) ST4-6s have low prospective weekly working hours (60% have 2hrs total), so they often work in excess of these hours during a single on-call period.

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**

For the period 28/04/18 - 31/07/18 we had 3 CT and 9 ST vacancies.

This generated:

1 gap on the Oxford SHO rota,

2 gaps on the Bucks SHO rota,

5 gaps on the Bucks ST rota,

2 gaps on the Oxford ST rota

2 gaps on the Swindon, Wiltshire and Baines CAMHS ST rota.

Due to the vacancies the following rota shifts were vacant:

* 55 shifts on the Oxford SHO rota, 11 were uncovered
* 64 shifts on the Bucks SHO rota, 3 were uncovered
* 56 shifts on the Oxford ST rota, 1 was uncovered
* We don’t cover vacant shifts for the Bucks ST or the 2 CAMHS ST rotas.

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

**Successes**

* Each trainee doctor has a work schedule mapped to their curriculum and training needs, this included trainees who joined us in August.
* Trainees appear to be comfortable to submit exception reports. They are well supported by HR colleagues and the JDF chair and deputy chair.
* Most trainers seem comfortable to close exception reports.
* All of our current rotas are safe
* The Trust has not been fined
* The junior doctors’ forum continues to work well (see Appendix).
* I attend all local Guardian events and will attend the national conference on 18th September in Leeds. See appendix for the Regional picture.

**Challenges**

* The potential work schedule problem our CAMHS advanced trainee faced, might not have been resolved despite a lower frequency of on call. In addition, there are times when they are not achieving 5 hours continuous rest whilst on call. The CAMHS trainees recognise that changes in their rota, has had a knock-on effect on their consultant colleagues’ workloads.
* We have ongoing concerns about our Adult and Older adult advanced trainee’s rota (GA/OA/Forensic/LD ST4-6), on call rotas as highlighted in the analysis above. At times they are not achieving 5 hours continuous rest and sometimes they are not achieving 8 hours rest in 24 hours.

**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.

1. **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 doctor’s 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.

All of us report difficulties using the DRS 4 reporting system (mostly because the system does not adequately mirror the contractual changes).

Ours is the one of the only Junior Doctor Forums in the region that is chaired and actively managed by our Junior Doctor Colleagues.

**Regional Exception Report Rates:**

**Oxford University Hospitals**:

Running total unknown, but 525 exception reports over the course of one year. Approximately two thirds generated payments rather than TOIL. Payment for exception reports may be cheaper than employing locum doctors. OUH use only a few features of DRS4 data and analyse most of the data themselves.

**Bucks:** Not present at the most recent meeting.

**Royal Berkshire**: 240 Exception reports generated over the course of a year, approximately two thirds resulted in additional pay rather than TOIL. They have abandoned DRS4 and use a bespoke system.

**Prospect Park**: 4 Exception reports over the last year.

1. **Issues discussed in the most recent Junior Doctors Forum (6th September 2018)**

* Problems with CTs attending teaching. Resolved as all teaching will be on Thursdays.
* Flexible Training Champion for junior doctors (who is a consultant) to join the JDF, this issue is hopefully being resolved.
* ECT starting at 8.30 has required a change in work schedule and has no longer generated any exception reports.
* **Pilot scheme of a second junior on call from 9 to 5pm on each weekend day**.

Heather Daw surveyed the juniors. It was clear that this pilot made a large difference in work load overall whilst on call and working conditions appear to be safer for colleagues and patients. Problems will be compensatory rest issues, as the rota is already written, i.e. juniors will have to have compensatory rest during the week after an extra weekend shift will therefore be unavailable to their clinical teams.

* **Time off in lieu (TOIL)**

Now appears to be understood by juniors and supervisors

* **Examples of what to record in Exception Reports has helped**.

To be fair on Junior colleagues the computer system DRS4 is not helpful. Other Guardian’s in our region have also had problems with DRS4.

* **MHA work out of hours and TOIL** **for St Doctors**.

This issue is being resolved and became clearer thanks to the JDF audit. It will require compensatory rest the day after on call (5 hours work) for the Senior trainee who is on the Littlemore and Banbury shift. This occurs once every two weeks for Advanced trainees.

* **CAMHS St 4 – 6 Rota**.

There has been a reduction in the intensity of on call, i.e. they work a 1 in 8, i.e. fewer shifts. This has helped working conditions. However, their prospective hours has had to increase to 47 hours a week. We are at risk of breaching the 48 hours a week threshold (a new contractual requirement), but to date we have not had problems. Junior colleagues are sensitive to the potential impact of their own rota changes on their consultant colleagues.

* **F1s working in Surgical Emergency Unit (SEU)**.

F1s work 4 days in psychiatry and one day in the JR on a surgical unit. The JR shift is from 8 am to 6 pm. From December they will work from 9 am to 5 pm thanks to input from the College Tutor. There are still annual leave issues. Trainees are expected not to take annual leave during the time they are expected to cover SEU, and are expected to swap out of their rota.

* **Rest space**.

There is alack of appropriate space for CTs or non-residential ST doctors to sleep after a long shift or a night shift. **There is comfortable rest space, but probably not enough space to sleep if the Junior doctors need this.** This issue is still being explored.