

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 61/2019**

(Agenda item: 10)

# Board of Directors

**24 May 2019**

**Report from the Guardian of Safe Working Hours**

**For: Information**

**Executive Summary**

*This will be my final report to the board as my tenure naturally comes to an end in June.*

*In this report, I present the Exception Report data in the usual way. This indicates a low level of exception reporting at the moment. This is hopefully good news and could indicate that trainee doctors are not generally working beyond their contracted hours. There is culture in our trust which encourages exception reporting, so the low level of exception reports is hopefully not due to a reluctance to complete exception reports (but note the caveat with respect to the Advanced Trainees’ Audit, the results are summarized below).*

*In this report, I have reflected on my role and its impact over the last three years.*

**Governance Route/Escalation Process**

*After presenting this report to our board, I send the report to our clinical directors, to the Director of Medical Education, our LNC chair and the Head of School.*

*I report directly to the board on a quarterly basis and usually aim to attend in person on a 6 monthly basis (unless there is a reason to attend more frequently).*

**Statutory or Regulatory responsibilities**

*I do not have statutory or regulatory responsibilities, but as I have indicated above, it is expected that I report directly to the board on a regular basis.*

**Recommendation**

*The Board is asked to note this report.*

**Author and Title: Dr P. S. Davison Consultant Psychiatrist and 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 Solicitor*
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)*

*4) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*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)*

**SITUATION**

*For background information I have added appendices that I have included in previous reports (see below).*

**BACKGROUND**

*There has been no emerging guidance since my last report.*

**This report contains the following:**

1. **Exception Reports data (the data is analysed by me and also by the JDF chair to ensure accuracy). The data is from the period Feb 14th to May 10th.**
2. **Themes from this quarter.**
3. **Junior Doctors Forum Business: Audit results.**
4. **Reflections on the Role of Guardian of Safe Working Hours.**
5. **Appendices from previous reports. These explain the role of the Guardian of safe working hours.**
6. **Exception Reports data and comparison with previous quarters.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Feb 14th to May 10th 2019** | Nov-Feb 2019 | Aug-Nov 2018 | Apr-Aug 2018 |
| Total no. of reports: | **30** | 32 | 77 | 62 |
| Total no. of reports included in analysis: | **26** | 29 | 67 | 59 |
| Total no. of exceptions within the reports: | **27** | 32 | 78 | 75 |
|  |  |  | | |
| Foundation year 1 | **0** | 6 | 33 | 9 |
| CT1-3/FY2/GPVTS | **14** | 14 | 11 | 15 |
| GA/OA/For/LD ST4-6 | **12** | 12 | 20 | 26 |
| CAMHS ST 4-6 | **0** | 0 | 3 | 9 |

The JDF chair (Dr McKnight) and I excluded 2 reports which were exact copies of other reports. This appears to be a glitch in the computer system which we’ll investigate further.

We also excluded two reports as we could not clarify which contractual rules had been broken.

1. **Themes from this quarter**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total exceptions | **FY1** | **CT/** | **ST4-6** | **CAMHS** | **Comments** |
| **GPVTS/** |
| **FY2** |
| Late finish, normal day | 14 | 0 | 7 | 7 | 0 | CT late on wards  STs late in community |
|  |
| Insufficient breaks | 1 | 0 | 1 | 0 | 0 |  |
| Missed education | 2 | 0 | 2 | 0 | 0 | Too busy on ward to leave |
| Early start | 1 | 0 | 1 | 0 | 0 | Emergency ECT |
| Late finish after OOH | 4 | 0 | 4 | N/A | N/A | All after EDPS Shifts |
| Insufficient rest non-res :<5hrs rest 22:00-07:00 | 0 | N/A | N/A | 0 | 0 | Could be a success of Rota change |
| Insufficient rest non-res:<8hrs | 2 | N/A | 0 | 2 | 0 |  |
| Late finish after NR on call | 0 | N/A | 0 | 0 | 0 |  |
| hrs on-call >work schedule | 3 | N/A | N/A | 3 | 0 |  |
| work > 5hrs after L&B shift | 0 | N/A | N/A | 0 | 0 |  |

There are fewer exception reports in this quarter as compared to previous quarters.

This is reassuring and hopefully indicates that our Junior Doctor colleagues enjoy safe working conditions most of the time.

Our **advanced GA/OA/FOR/LD ST 4 – 6 trainees** have appreciated the changes to their rota (max 5 hours working day after on-calls covering the Littlemore& Banbury rota to ensure minimal rest requirements are achieved). These changes were described fully in previous reports and commenced on December 1st 2018. Informal feedback, indicates that since the rota changes the advanced trainees feel more valued for the work they are doing out of hours, and the new system is working well.

1. **Junior Doctors Forum Business:**

Due to unforeseen circumstances, there wasn’t a Junior Doctors’ forum in the last quarter. I continue to meet the JDF chair regularly (roughly on a monthly basis) in order to discuss relevant issues.

The most significant item of Junior Doctor Forum business in the last quarter has been a **re-audit of out of hours working for Advanced GA/OA/FOR/LD ST 4 – 6 trainees, on call shifts. This included an initial audit of the implications of the new 5hr working day after Littlemore & Barnes on-calls.**

The results were mostly positive:

* Changes made to working conditions following the base line audit increased morale amongst St 4 – 6 doctors working on this rota.
* 100% of doctors are now able to take TOIL if they do not get minimum rest.
* The doctors on the Littlemore and Banbury side of the on call rota, now work 5 hours on the next working day after having been on call.
* Doctors are working within their work schedules.

**However**, despite positive changes to the on call working arrangements for Advanced Trainees, they are not submitting exception reports as frequently as they should have been. During the audit, exception reports whilst “on call” were only submitted on **17%** of occasions in which they should have been submitted. This issue is being investigated by the Junior Doctors Forum.

Also, during 25% of “on calls”, trainee doctors were unable to achieve 5 hours continuous rest. This issue will be explored with trainees & monitored with a re-audit in 2020.

1. **Reflections on the Role of Guardian of Safe Working Hours.**

There appears to have been a positive reaction to my role (a novel role) and it’s possible implications, within our trust. I have appreciated the support shown to me by the board, who are interested in the well-being of our Trainee doctors and their contractual conditions.

As far as I can tell, the culture within the trust has been to embrace Exception Reporting. I hope my role has facilitated this culture, that was certainly my aim. I have attempted to be readily available for our trainee doctor colleagues, so that they can approach me, or contact me by phone or e. mail to discuss issues. On the whole, it appears likely that trainee doctors are relatively comfortable to submit exception reports.

It has been gratifying that my role has indirectly helped us make some significant changes to Junior Doctors working conditions.

These include:

* Changes to on call arrangements for **advanced GA/OA/FOR/LD ST 4 – 6 trainees** to ensure minimum rest requirements are met.
* Change to the work schedule for CAMHS Advanced trainees.
* Extra SHO deployment during weekends in Oxfordshire.
* Support for Buckinghamshire-based junior doctors in accessing appropriate work space.
* Initial implementation of the BMA rest & facilities charter within Oxford Health.

As far as I can tell, based on my discussions at both regional and national meetings, I enjoy two distinct advantages in our trust, as compared to other Guardian colleagues. I have appreciated the assistance of our medical HR colleagues, who have helped me in every aspect of my role. I also have the support of our Junior Doctors’ Forum. I think it likely that our Junior Doctors’ Forum is functioning as well as any other, as far as I can tell from discussions at a national level. Both our Medical HR colleagues and the JDF need to be recognised. They have made my work a privilege and a pleasure.

Regional and National Fora have been of great assistance. We have been the first Guardians and in our early days, we naturally had some hesitancy in our role and needed to regularly share our dilemmas and mutually support each other. Systems now appear to be embedded and on the whole are working well. NHS employers have regularly issued guidance which has been appreciated.

In order to establish a culture in which junior doctors felt comfortable to approach me, or complete exception reports, I have tried to be “visible”. E.g. I have regularly attended meetings so that they can approach me, I nearly always attend the weekly journal club at the Warneford hospital and have attended all inductions. I have also been approached and met Juniors on many other occasions, out with these formal meetings.

I have also assisted consultant colleagues to understand my role and the new contractual arrangements. I have been greatly assisted by Heather Daw in this aspect of my role.

Unlike some of the other Guardians in our region, it has not been necessary to apply sanctions to our trust for contractual irregularities.

The computer system has not been particularly helpful. The JDF chair and I have noted that we do not use the data gathering aspects of the system. We both read the detail of every exception report and then categorise and count the exceptions ourselves, rather than trust the computer programme.

1. **Appendix: For Reference**
2. **Introduction**

The Guardian of Safe Working Hours (GoSWH) is a relatively new role 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. It was expected that each Guardian would serve for 3 years and for this reason, my tenure naturally comes to an end.

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 an appropriate 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.

Dr. P. S. Davison

Guardian of Safe Working Hours.