

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 33/2020**

(Agenda item: 13)

# Board of Directors

**10th June 2020**

**Report from the Guardian of Safe Working**

**For: Information**

**Executive Summary**

The level of exception reporting remains at a low level still. Trainees have a good understanding of the new rules but do not always report exceptions and the reasons for this remain elusive. Most clinical and educational supervisors have some understanding, but some have needed encouragement to sign off reports in a timely fashion. This is partially due to their inability to interact with the technology and partly due to not always understanding the time-sensitivity of some of these reports.

The majority of exceptions are due to late working on Oxford wards, running overtime in EDPS or higher trainees working over their prospective hours during non-residential on-call

**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 – this time I will not attend in person.

**Statutory or Regulatory responsibilities**

I do not have statutory or regulatory responsibilities.

**Recommendation**

The Board is asked to note this report.

**Author and Title: Dr Danny Allen Consultant Psychiatrist and Guardian of Safe Working.**

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)*

**BACKGROUND INFORMATION**

*For background information I have added appendices (see below).*

**GUIDANCE**

Full details of the new contract agreements can be found at [https://www.bma.org.uk/collective-voice/influence/key-negotiations/terms-and-conditions/junior-doctor-contract-negotiations/agreed-new-contract-deal-for-junior-doctors-in-england](about:blank). I also attach a summary from the BMA.

**This report contains the following:**

1. **Exception report data (the data is analysed by the JDF chair and myself to ensure accuracy).**
2. **Comparison with earlier quarters.**
3. **Analysis of data.**
4. **Looking forward**
5. **Appendix explaining the role of the Guardian of Safe Working.**

**1 Exception report data**

The data is from the period January to 11 March 2020.



**2. Comparison with earlier quarters.**



**3 Analysis of data**

During the period analysed, out of about 110 trainees in the Trust only about a dozen are regularly submitting reports. The main themes are staying beyond hours on the Oxford wards or in EDPS and higher trainees working beyond their prospective hours during non-residential on-call

The change to one of the Oxfordshire higher training non-residential on-call rotas made in mid-2019, which reduces the working hours on the day following the on-call to a maximum of 5, has reduced the incidence of exceptions significantly.

It should be noted that the number of exception reports for CAMHS has reduced drastically in the past annum. There are two reasons for this:

1. The reduction in rota frequency from 1:8 to 1:6 has meant junior doctors do not exceed the maximum working hours so readily;
2. The CAMHS rota is not completely filled and many on-calls are covered by consultants who are not subject to the same T&Cs. The data for that rota is therefore incomplete.

Most trainees know when and how to report exceptions; despite extensive attempts by the JDF committee to provide education and support around this not all do. Some consultants are not as aware as they should be about the rules. Junior doctors and I try and educate them.

**4 Looking forward**

The JDF continues to work on the following areas:

* More effective ways of providing education and support to all trainees, clinical supervisors and educational supervisors in safe working & the exception system. In particular, understanding the barriers to exception reporting experienced by trainees will be an area of interest.
* Annual auditing of rotas at all levels, focusing specifically on those with greatest clinical pressures. This provides significant insight into the efficacy of the exception reporting system.
* The interface between work for OHFT and mental health act work requested by Oxfordshire County Council done by higher trainees on-call.
* Impact of the increasing demands on the EDPS service on the ability of higher trainees to maintain safe working out of hours.
* Implementation of the BMA Fatigue and Facilities Charter, which the trust signed in 2018. Work is ongoing to purchase various facilities to support junior doctors.
* Challenges for less than full time trainees, especially relating to the flexibility of essential educational activities.

Dr Angus McLellan, (ST5 General Psychiatry) has been appointed as Co-Chair of the JDF. Dr Rebecca McKnight (Chair of JDF since 2016, ST5 General Psychiatry) continues in her role as Chair.

1. **Appendix: Role of the Guardian of Safe Working**
2. **Introduction**

The Guardian of Safe Working (GoSW) was implemented following junior doctor contract negotiations in 2016. The GoSW must have no management role within the organisation. It is expected that the GoSW serves for 3 years. I started in September 2019.

1. **The Role**

The GoSW, having no part in the management structure of the Trust, is able to act independently in response to concerns raised by trainee doctors. The work of the GoSW 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 GoSW reports directly to the Board and has two broad aims:

* To promote a culture where trainee doctors feel comfortable about raising concerns with respect to their working hours and do not fear adverse repercussions if they raise these, either in person by talking to the GoSW, 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**
2. **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), or when the safety aspects of the contract are breached, 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. The role of the GoSWH 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 consultant’s 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 trainee 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. The work schedule can be altered at any time – within contract rules - to more accurately reflect the job, should it become apparent this is necessary. E.g. Changing work hours from 9am-5pm to 8.30-4.30pm.

1. **The Junior Doctors’ Forum (JDF):**

This advises the GoSW 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 the Trust:**

If certain contractual rules are broken with respect to trainee doctors’ working hours the GoSW is to **fine the Trust**. This money is to be distributed for the benefit of all junior doctors and the GoSW will be guided by the JDF 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 GoSW Powers**:

*The GoSW can:*

* 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 trainee 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:**

National and Regional GoSW meetings are held. In the Thames Valley we have a quarterly GoSW meeting.

We have a reasonably 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.

There is general agreement that the DRS 4 reporting system is less than perfect as it does not adequately reflect the contractual changes. Medical staffing have been actively investigating other reporting systems.

Ours is the one of the only Junior Doctor Forums in the region that is chaired and actively managed by a trainee doctor.

Danny Allen

Guardian of Safe Working

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