

PUBLIC

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

BOD 54/2020
(Agenda item: 8)

Board of Directors

30 September 2020

Report from the Guardian of Safe Working

For: Information

Executive Summary

The CoViD situation continues to colour this report which deliberately only goes as far as the changeover of junior doctors so we can get a better picture next time around. No FY1 doctors were working within OHFT during this time, only psychiatric trainees in ward-based posts are working within the hospitals.

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.

Statutory or Regulatory responsibilities

I do not have statutory or regulatory responsibilities.

Recommendation

The Board is asked to note this report.

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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>. 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

	Total exceptions	F Y 1	CT/GPVTS/F Y2 Oxford	CT/GPVTS/FY2 Bucks	ST4-6 Oxford	ST4-6 Bucks	CAMHS
Late finish after normal day	48		44	1	3	0	0
Insufficient breaks during shift or day	1		1	0	0	0	0
Early start	4		4	0	0	0	0
Missed educational opportunity	4		2	0	2	0	0
Less than minimum rest time achieved between rostered full-shifts	0		0	0			0
Late finish after an OOH shift	5		5	0			
Insufficient rest during NROC :<5hrs consecutive rest within 22:00-07:00 and/or not able to work max 5hrs the next working day.	0				0	0	0
Insufficient rest during NROC :<8hrs minimum rest in 24hrs	0				0	0	0
No. of hrs worked on-call >prospective on work schedule	6				6	0	0

Clinical areas accounting for majority of reports:

1. Vaughan-Thomas Ward
2. City AMHT
3. South AMHT

2 Comparison with earlier quarters.

3	Mar'20- Aug'20	<i>Jan'20- Mar'20</i>	<i>Oct'19- Jan'20</i>	<i>July'19- Sept'19</i>	<i>Mar'19- June'19</i>	<i>Nov'18- Feb'19</i>
Total no. of reports	66	46	45	28	32	77
Excluded reports	1	1*	1	1	6	10 (SEU)
No. of reports included in analysis	65	45	44	27	26	67
No. of exceptions contained within included reports	68	49	51	29	28	77
Foundation year 1	N/A	7	8	8	1	33
CT1-3/FY2/GPVTS Oxford	56	24	14	8	10	11
CT1-3/FY2/GPVTS Bucks	1	0	1	0	0	0
GA/OA/For/LD ST4-6 Oxford	9	14	18	11	16	21
GA/OA/For/LD ST4-6 Bucks	0	2	3**	0	0	0
CAMHS ST 4-6	0	2	1	0	0	3

3 Analysis of data

The main points to note in the context of Covid-19 are that no FY1 doctors were working within OHFT and only trainees in ward-based posts were working within the hospital.

I note that Vaughan-Thomas Ward continues to produce reports in quantities on a different scale to any other ward across the trust. The JDF has investigated this situation, and it confirms that the ward requests considerably more physical health investigations/ liaison with other specialties/referrals than comparable wards, which tends to cause the juniors to leave late.

We now know that there is any evidence that these patients are more physically complex than any other ward and this can probably be attributed to the consultant in question.

The time is approaching when we need to consider what, if anything, can be done to address this, but this would probably be once the CoVid situation has stabilised.

4 Looking forward

Dr Rebecca McKnight (ST5 General Psychiatry) remains Chair of the JDF and her Co-Chair is Dr Angus McLellan (ST5 General Psychiatry). 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. Many facilities to support junior doctors have been purchased already and we keep this under review.
- Challenges for less than full time trainees, especially relating to the flexibility of essential educational activities.

4 Appendix: Role of the Guardian of Safe Working

1. 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 Sep 2019.

2. 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.

3. Features of the new Junior Doctors' Contract

a) 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.

b) 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.

c) 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.

d) 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**.

e) 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.

f) 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.

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OHFT