

# QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING October 2018

## Executive summary

The 2016 Junior Doctor contract has been introduced for all doctors in training employed at the Trust. This report summarises the exception reports raised since my last report and other issues which affect safe working practices of junior doctors. This report will be submitted to the October People Committee of the Trust Board and will be publicly available on the Trusts website. It is also likely to form part of the information used in future CQC and HEE inspections.

## Introduction

The 2016 Junior Doctor contract is now well established for all doctors in a training post in the Trust. There is increasing understanding and acceptance of the exception reporting mechanisms within the contract from both junior and senior medical staff.

## High level data

Number of doctors / dentists in training (total):	500
Number of doctors / dentists in training on 2016 TCS (total):	340
Number of locally employed doctors on 2002 TCS:	160
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	none
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally)

### a) Exception reports

One of the key changes of the new contract is the introduction of a system called exception reports. This system allows doctors to submit a report when their actual hours of work vary from their rota, they fail to get adequate rest breaks or they are unable to attend agreed educational activities due to service commitments. This system replaces a previous system of rota monitoring which was widely viewed as no longer being fit for purpose.

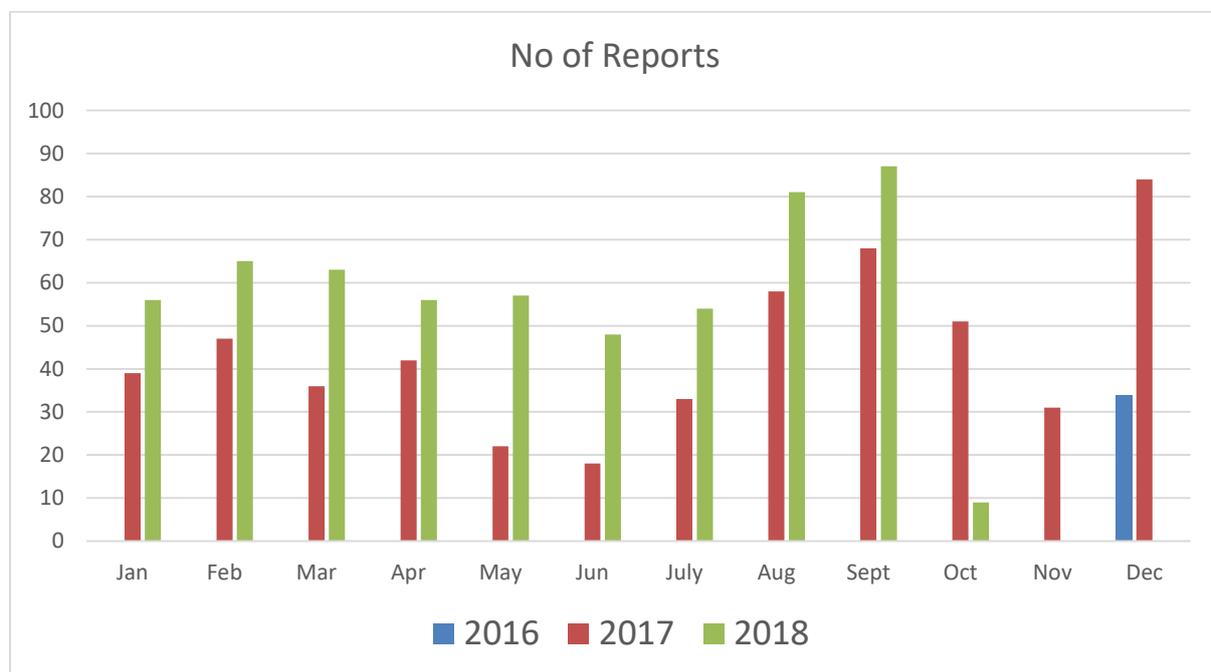
The new system requires the junior doctors clinical or educational supervisor to meet with the doctor and discuss the reasons for each report being submitted before (in the case of additional hours) a decision being agreed to either allow the doctor compensatory time off in lieu or payment for the additional hours. The reports are subsequently reviewed by the Medical HR department and the Guardian of Safe Working to ensure safe working limits are not exceeded.

There are strict time limits proscribed in the contract for supervision meetings / completion of the exception report to take place (7 – 14 days depending on the type). Reliably meeting this target remains challenging with only around 50% of reports concluded within this time limit. This is due to the complexities of working patterns, doctors leave and limited supervisor time available to undertake these reviews. However, the vast majority of reports are reviewed within a few weeks of the report which reflects a growing understanding of the process by both junior doctors and their supervisors. Currently, around 13% of reports remain outstanding for longer than this period.

Since the introduction of the contract:

Status at 1 <sup>st</sup> October 2018	Number of reports
Complete	961
Pending / incomplete	128
Waiting for junior doctor final agreement	50
<b>Total</b>	<b>1139</b>

As the system becomes more established we have seen a year on year growth in the number of exception reports submitted by junior doctors. This should be seen in a positive light as it reflects an increasing engagement with the process. It is likely that this number of reports is still only a fraction of the actual number of “exceptions” that occur – a study of F1 doctors in July estimated that they did not report around 60% of occurrences.



There has also been an increase in the number of reports being submitted by more senior grades of doctors reflects an increasing recognition of the importance of exception reporting as a tool to highlight issues within rotas across the Trust. It is hoped that this trend will continue.

	No of reports
<b>2016</b>	<b>33</b>
Foundation 1	33
<b>2017</b>	<b>529</b>
Foundation 1	356
Junior trainee	111
Senior trainee	62
<b>2018</b>	<b>576</b>
Foundation 1	165
Junior trainee	278
Senior trainee	133
<b>Grand Total</b>	<b>1139</b>

The system is designed to allow doctors in training to report both the requirement to work additional hours and also when they are unable to achieve agreed educational activities (such as teaching) due to excessive workload. The vast majority of reports to date are for additional hours worked and ongoing encouragement of trainees to use the system to highlight missed education is required.

	No of reports
<b>2016</b>	<b>34</b>
Educational	2
Hours	29
Pattern	3
<b>2017</b>	<b>529</b>
Educational	26
Hours	487
Pattern	8
Service Support	8
<b>2018</b>	<b>576</b>
Educational	46
Hours	508
Pattern	18
Service Support	4
<b>Grand Total</b>	<b>1139</b>

Full detail of the number of monthly reports from each rota in the Trust is shown in Appendix A.

## b) Work schedule reviews

The contract also introduced a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally the template rota has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely time consuming to write and review rotas. The Trust has purchased an eRostering solution (Allocate) and is currently rolling this out over the next 12 months. It is hoped that this system will significantly improve the rota design process and the ability to make real time adjustments whilst continuing to observe the strict safe working rules.

## c) Locum bookings

The Trust has traditionally been very reliant on using internal locum doctors to fill gaps on rotas and respond to fluctuations in workload. The new contract introduces much stricter safe working limits and all locum work carried out by internal staff needs to be taken into account when calculating total work hours. Trainees are allowed to “opt out” of the maximum 48 hour working week average to work up to 56 hours.

Number of additional locum claims submitted / month are shown below. This does not necessarily reflect the number of additional shifts / month as there may be a delay in submitting / processing the form. It does, however, give a sense of the volume of additional work being undertaken

Month	No of additional shifts claimed	No of additional hours claimed
July	654	5412
August	694	5894
September	722	6282
<b>Total</b>	<b>2,070</b>	<b>17,588</b>

The new eRostering system that has been purchased by the Trust includes a facility to advertise and manage internal locum opportunities to doctors in training whilst ensuring that safe working rules are observed. In time it will also allow us to take part in a larger cross city / inter trust bank to better cover gaps.

Failure to address short notice rota gaps is one of the leading causes of exception reports being submitted for additional hours, missed breaks and missed educational opportunities. They have a significant effect on fatigue and the morale of the junior doctor workforce.

## d) Vacancies

The Medical HR department has been working closely with Divisional management teams to develop a more comprehensive understanding of the gaps across junior doctor rotas. There continue to be a number of rotas which are vulnerable to fluctuations in the number of doctors in training sent by the Deanery.

A summary of previous and known future rota gaps is shown in Appendix A

**e) Medical Sickness – Junior Doctors**

Rates of sickness absence recorded by Medical HR remain well below other staff groups in the Trust. This data would suggest that the requirement for internal locum cover described above is likely due to longer standing structural issues and fluctuations in numbers of Deanery trainees rather than short term sickness.

	Reported sickness rates
April 18	1.21%
May 18	1.26%
June 18	1.09%
July 18	1.63%
August 18	1.27%

**f) Fines**

There is a system of Guardian “fines” levied against departments who allow their trainees to breach safe working limits described in the contract. The current fines pot stands at around £4,500 and will be spent on items agreed by the Junior Doctor Forum.

**g) Supervisor Workload**

As the number of exception reports grows there is inevitably an increased demand on the time of our clinical and educational supervisors. Informal surveying of the supervisors reveals that each report takes around 15 minutes of supervisors time to fully process. Most of our supervisors have received between 1 and 10 reports over the past year but several have had in excess of 40 reports and one supervisor processed 75 reports in a year. This is something that I would suggest that the Trust monitors to ensure supervisors are provided with adequate time to process reports. The continued support from supervisors is essential in the future success of delivering the contract.

## Qualitative information

### Issues arising – Immediate Safety Concerns

The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. As Guardian I treat these reports very seriously and require an urgent response and solution from departments involved.

To date there have been seven reports which have raised safety concerns. The majority of these reports have been closed – there is one new report which is not resolved and two longer standing issues which remain of concern

Rota	Details of safety concern	Actions taken to prevent recurrence
Haematology ST3+	Excessive workload caused by rota gaps and difficulties recruiting locums / longer term staff	Unresolved at present
Cardiac Anaesthesia ST3+	There have been intermittent periods of unusually high numbers of high acuity patients (much higher than that recommended by national ITU guidelines). Out of hours a single junior doctor covers this rota and the have reported being unable to take rest breaks.	Deanery / HEE visit has been carried out and recommendations for improvement made. Protocols to improve cross cover from other anaesthetic specialities have been developed.
Foundation T&O	Workload felt to be excessive and unable to complete ward tasks. Felt supervision from more senior grades was lacking	Major changes are being implemented. However, there has been a further letter from the Foundation School directors raising concerns that the changes have not resolved the issue. These posts may be at risk of withdrawal of training approval if successful change is not implemented.

### Issues arising – Other areas of concern

There continues to be several rotas – often the smaller highly specialized areas of Trust activity – which are extremely vulnerable to fluctuations in numbers of trainees being sent from the Deanery. Ensuring safe levels of staffing is challenging on these rotas. Paediatric neurosurgery and Haematology are particular concerns at present. Problems of rota gaps in these areas are compounded by a limited available supply of locum / agency staff suitably trained to fill gaps. Failure to staff these rotas has the potential to impact on the Trusts ability to deliver key services.

Failure to arrange cover for a planned absence or rota gap remains a common recurring theme in exception reports. The resulting increase in workload and potential impact on the ability to deliver high quality care is a real concern to doctors in training. This problem is compounded by the lack of a single coherent process for highlighting and resolving these gaps across the Trust.

There has been significant effort to increase staffing levels within Medical HR and redesign some of the work processes. Whilst this has had noticeable positive effects at times I remain concerned about the level of resilience within the team. There have been several periods of sickness / absence which have impacted on their ability to deliver the significantly more complex workload demanded by the new contract.

Roll out of the new eRostering system has begun and hopefully will address many of the issues around rota management and observing safe working rules. It is my view that the introduction of this system presents the Trust with a unique opportunity to review ways of working – HR processes, ongoing design and management of rotas etc – where current processes may be inadequate. It is likely that some additional investment in staff to act as full time rota managers to replace clinical staff currently carrying out the task will be required from Divisional teams.

It is becoming increasingly difficult to support our current “mixed economy” of doctors in training being employed on the new 2016 contract and locally employed doctors being on the 2002 contract. As these doctors work together on the same rotas having two different sets of rota rules and pay structures is becoming problematic.

Even 2 years after the contract dispute there continues to be a noticeable negative effect of staff morale. This is a problem across the NHS but I’m pleased that there has been a real focus on trying to address this over the past few months.

### **Actions taken to resolve issues**

The Junior Doctor Contract Implementation Group, chaired by the Deputy Medical Director, continues to meet regularly to guide implementation of the contract across the organisation. This group has had extremely positive engagement from all Divisions within the Trust. A review of the options to move locally employed doctors onto a version of the 2016 TCS is being carried out by this group.

The Trust has also appointed several Clinical Fellows to work with the Medical Directors team to improve communication and deliver wellbeing initiatives to junior doctors across the Trust.

There is increasing recognition that a significant redesign of the workforce to increase resilience against fluctuating trainee numbers is necessary. This is likely to include longer term locally employed doctors and advance practitioner roles for other health professionals. Work has begun to understand the challenges and to define what the workforce of the future may look like. Whilst this is undoubtedly complex it is extremely important that this continues.

I have been extremely impressed by some of the initiatives being carried out across the Trust to improve the welcome for new doctors to the Trust and the wellbeing of existing staff. There seems to have been a real focus on trying to address these difficult issues over the past few months.

### **Summary**

There have been significant positive developments over the past few months which are a consequence of the continued effort from all areas of the Trust to address long standing structural issues in the way junior medical staffing is provided. Whilst the new contract is far from perfect it is revealing areas where there are issues in a way that was not possible with the previous contract.

I remain impressed by the effort the Trust is making to improve the working lives of junior doctors and the dedication of our junior medical staff to providing excellent clinical care.

Dr Alistair Johnstone

Guardian of Safe Working

October 2018