

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING February 2019

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.

Key Points covered in this report

1. The number of exception reports continues to increase compared to the previous year – this is likely due to increasing understanding and acceptance of the system by doctors and their supervisors.
2. Some rotas within the Trust are particularly affected by rota gaps and heavy workload – this is currently a particular problem within Haematology.
3. At the end of Dec 18 there were rota gaps equivalent to 19.1 WTE staff
4. The Trust continues to be reliant on a large volume of internal locum activity undertaken to cover rota gaps. In 2018 the volume of additional locum activity was equivalent to 30 – 35 WTE staff.
5. Training within the T&O rotas remains subject to enhanced monitoring by HEE and the GMC. There is a potential risk of removal of foundation trainees from the Trust from Aug 19 if improvements are not made. This could impact the Trusts ability to deliver T&O services.
6. The roll out of eRostering across the Trust continues to be a key element of improving workforce information and roster management across the organisation. This currently appears to be progressing well.

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. The 2016 contract will be extended to cover all local employed doctors from August 2019.

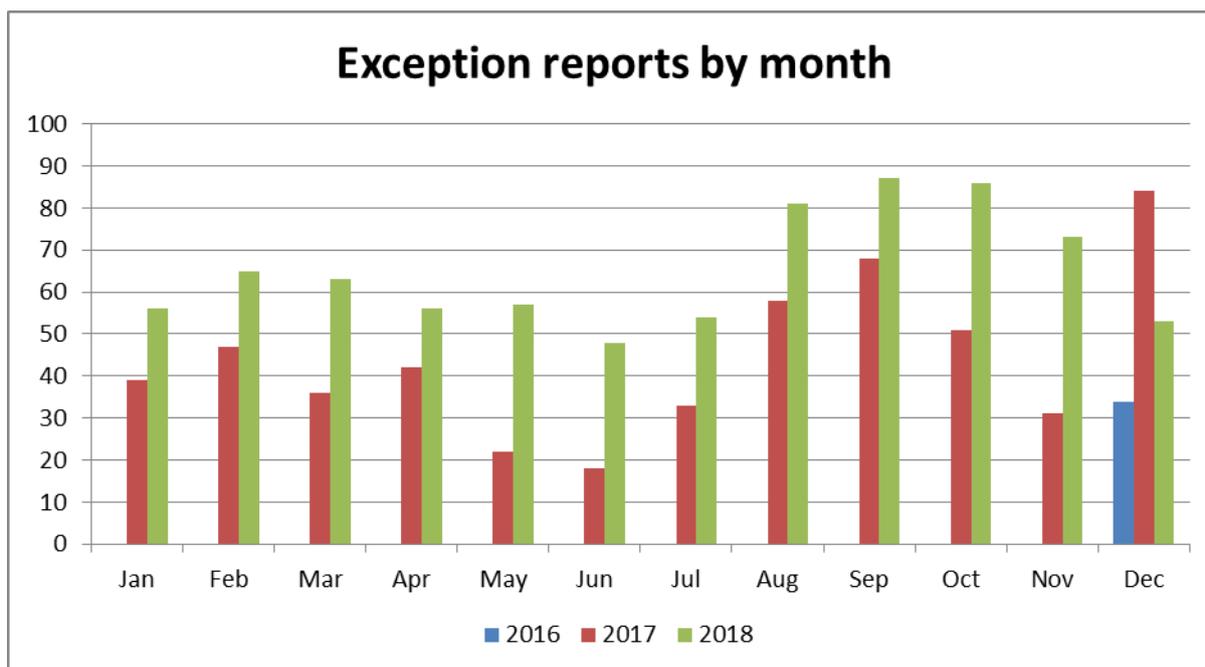
High level data

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

The exception report system replaces rota monitoring and is intended to provide the Trust with “real time” data on rotas with potential problems so that changes can be made more quickly than under the old system. It also allows the Trust to monitor new, more strict, limits to the number of hours a doctor is asked to work.

There has been an increase in the monthly number of reports submitted by doctors across the Trust compared to 2017 – it is likely that this reflects an increased level of understanding and engagement of the exception reporting process. It is important to note, however, that many potential “exceptions” go unreported.



The 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.

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. Over 2018 approximately 10% of reports took longer than 3 weeks to be reviewed by supervisors. To address this, the Medical HR team have introduced a new process of highlighting such reports to the relevant divisional management team.

There was a marked increase in the number of delayed / outstanding reports in late November and early December presumably due to difficulties arranging meetings during the festive period.

	No. episodes Oct – Dec 18
Complete	204
Awaiting review	92
Request For More Info	3
Grand Total	299

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 episodes
2016	34
Foundation	33
Senior trainee	1
2017	529
Foundation	356
Junior trainee	111
Senior trainee	62
2018	779
Foundation	227
Junior trainee	328
Senior trainee	224
Grand Total	1342

The system allows 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. Doctors are generally using the system to report excessive hours rather than missed education – perhaps because other systems for monitoring attendance are used by the education team.

	No. of episodes
2016	34
Educational	2
Hours	29
Pattern	3
2017	529
Educational	26
Hours	487
Pattern	8
Service Support	8
2018	779
Educational	60
Hours	689
Pattern	26
Service Support	4
Grand Total	1342

The number of exception reports from individual rotas during the past quarter is shown below

Rota	No. of episodes Oct – Dec 2018
General Surgery FY1	74
Gen Med F1 1	49
Haematology ST3-8	31
Haematology/Oncology F2/ST1-2	17
Gen Med SHO 1	15
ICU (Registrars)	19
Obs oncall rota	11
OMFS ST1-2	10
General Surgery FY2&CT	9
NICU ST1-3 (tier 1)	8
PICU ST6-8	8
ENT GP ST1/2	7
Ophthalmology ST3-8 (1st On Call)	7
GenPaed ST4+ (1 in 9 w/ Specialities)	4
Ophthalmology ST3-8 (2nd On Call)	4
T&O F2&CT1-2	3
Palliative Care ST3-8	3
ICU (ACCS)	2
ED ST1-2	2
Gen Med ST3+	2
ED ST4-8	2
GenPaed ST4+	2
PICU ST4+	2
Paeds ED FY2 & GPVT	1
T&O F2	1
GenPaeds ST1-3	1
O&G ST3-5	1
Gen Paeds (ED) FY2	1
GenPaed ST4+ (1 in 9 with TW)	1
General Anaes 2nd OC	1
ENT ST1-2	1
Ophthalmology ST3-8	1
HDU FY1	1
ICU (ACCS)	1
Grand Total	299

b) Work schedule reviews

Work schedule reviews are carried out when a particularly large number of reports are received from an individual rota or where there is a recurring issue highlighted by exception reports.

The large number of reports from haematology – driven by ongoing difficulties with rota gaps and heavy workload – is currently being reviewed by the department.

An error in the rota template for the OMFS template which suggested that doctors start work at 9am where, in fact, they start earlier has been identified and changes to the rota and roster have been made by the department.

The adult ICU team have been using the exception reporting system to highlight when trainees attend mandatory teaching sessions not programmed into their rota template. An increased number of junior medical staff would be required to reduce these reports.

Whilst there continue to be large numbers of reports from FY1 rotas it should be noted that these are the largest rotas in the trust (with nearly 50 doctors) and cover all adult medical and surgical specialities.

c) Locum

bookings

The Trust continues to have a large number of shifts covered by both internal locum and external agency arrangements.

Number of additional internal 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 hours claimed
October	4908
November	4806
December (partial month)	1451
Total	11, 164

In addition to this internal cover there were 7239 hours of work contracted out to locum agencies in 2018.

This additional workload is the equivalent of 30 -35 wte staff over the course of the year.

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.

d) Vacancies

Rota gaps are an ongoing challenge across the Trust and fluctuating numbers of doctors sent by the Deanery is a particularly difficult problem to resolve. These rota gaps increase workload for the remaining doctors on the rota, increase the number of locum shifts and can impact on the ability of the doctor to access teaching and training opportunities. Rota gaps often result in requirement for locum cover for shifts.

Grade	No of gaps as of December 2018 (wte)
Foundation Year 1	2.5
Foundation Year 2	0
ST1-2 / CMT1-2	2
ST3-8	10.1
Clinical Fellow ST1-2 Equivalent	4.5

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.

e) Medical Sickness – Junior Doctors

Rates of sickness absence recorded by Medical HR remain around 1.5% - 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.

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 total fines incurred are around £7,000 and this 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 85 reports in 2018. 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.

2 reports were submitted as “immediate safety concerns” during the past quarter. These have been investigated, escalated where appropriate and resolved satisfactorily.

A total of 9 immediate safety concerns were raised in 2018. Of those 2 remain outstanding and subject to ongoing work by divisional management teams.

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
Foundation T&O Higher T&O	Concerns raised about workload, supervision and training. Currently subject to enhanced monitoring by GMC with further inspection visit planned May 2019 There is a risk that the Deanery may remove trainees from this rota if problems are not resolved	Division has developed a comprehensive action plan to address the issues identified. Likely to remain subject of ongoing enhanced monitoring by HEE / GMC during 2019

Issues arising – Other areas of concern / actions taken to resolve

Changes in the medical workforce and fluctuations in the numbers of Deanery trainees remains a significant challenge in ensuring levels of medical staffing which can both respect the safe working rules and ensure high quality education. The Trust is particularly vulnerable due to the large number of highly specialist services which it provides requiring a large number of junior doctor rotas.

It is likely that significant changes in the way care is delivered will be required – including the expansion of advanced non medical practitioner roles, increased recruitment from abroad, developing local training schemes and reviewing out of hours cover arrangements. I understand that this will form part of a soon to be published strategic workforce plan.

Proactively identifying upcoming rota gaps and being able to rapidly respond and recruit additional staff is challenging and the current processes often appear to limit rather than facilitate this process. Ongoing focus on streamlining of these processes – especially around recruitment / HR – is required.

Junior doctor morale and job satisfaction continues to be worryingly low. Several initiatives to improve this – both by the Medical Directors team and the Education Team – are planned for 2019.

Summary

Medical staffing arrangements are challenging across the NHS however, despite having challenges in some areas, my overall impression is that the Trust is still extremely engaged in identifying and addressing these.

Dr Alistair Johnstone

Guardian of Safe Working

Presented to SLT January 2019