

## BOARD OF DIRECTORS MEETING (Open)

Date: 12 September 2018

Item Ref:

15

<b>TITLE OF PAPER</b>	<b>Guardian of Safe Working Quarterly Report (April, May, June)</b>
<b>TO BE PRESENTED BY</b>	Dr Mike Hunter, Executive Medical Director
<b>ACTION REQUIRED</b>	For trust Board to receive the Q1 18/19 Guardian of Safe Working Report

<b>OUTCOME</b>	For Board to be aware and assured that junior doctors in SHSC have working hours which comply with the EWTD and rota rules as prescribed by their work schedule are met.
<b>TIMETABLE FOR DECISION</b>	September Board of Directors meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Previous Quarterly and Annual Report
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	People A2 02 – We will develop a strategic approach to enable workforce transformation A202 - Failure to understand the Trust's future workforce requirements in addition to current capacity and financial constraints may compromise implementation of the Trust's Integrated Workforce Strategy
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	Junior Doctor Contract Terms and Conditions 2016
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	The role of the Guardian of Safe Working is to protect patients and doctors by making sure doctors do not work unsafe hours.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Compliance with the European Working Time Directive and contractual requirements

<b>Author of Report</b>	Mike Atter
<b>Designation</b>	GoSW
<b>Date of Report</b>	04/09/2018

## SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS

**Subject:** Guardian of Safe Working Quarterly Report (April, May, June)

**Author:** Mike Atter, GoSW

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### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				X	

### 2. Summary

This quarterly report (April to June) by the Guardian of Safe Working is required by the Junior Doctor Contract (2016) Terms and Conditions. It reports on the number of exceptions reports raised and how they have been dealt with. It also reports on reasons for absence and the use of locums to staff the out of hours rota.

The report shows no issues in relation to working hours or the delivery of education.

2 Exception reports were raised in relation to working hours and both were closed with a successful outcome.

### 3 Next Steps

The next report provided will cover July to September

### 4 Required Actions

Presentation to Board

### 5 Monitoring Arrangements

Monitoring of exception reports continue via Allocate as well as the support of trainees by the Guardian of Safe Working. Medical Staffing will continue to source, book and monitor locums

### 6 Contact Details

For further information please contact:  
 Mike Atter – Guardian of Safe Working  
 Jo Wilson – Medical Education and Staffing Manager



# QUARTERLY REPORT ON SAFE WORKING HOURS

**April, May & June 2018**

## **Executive Summary**

This quarterly review covers April to June 2018. In summary there is a robust arrangement for current and new staff to be made aware of the process of exception reporting. The number of reports is increasing in keeping with the increased awareness. Most exceptions have been processed and met a satisfactory conclusion, except where a trainee has left the trust immediately after the report was submitted. The theme of trainees staying beyond their work schedules to provide emergency care continues. This wasn't discussed in the most recent Junior Doctor forum as attendance was low, but a further meeting is scheduled for May. Concerns about the intensity and frequency of out of hours shifts for the intermediate trainees, which are outside the scope of the Guardian, have been addressed. The frequency of the on call is reducing with consultant support, and the out of hours mental health act assessments may reduce with a change to the way assessments are managed during working hours. The intensity of the foundation doctor's work out of hours has been raised, with a view that trainees work more than the 50% they are compensated for. Exception reports cannot adequately capture the detail of the on call intensity, and a repeat of hours monitoring has been completed.

## **Introduction**

The 2016 terms and conditions of service (TCS) for doctors in training introduced a new role regarding of working hours (GOSW) in all organizations that employ or host NHS training doctors. The roles of the guardian including being a champion for safe working hours attending induction to explain the guardian role to new doctors to oversee safety relating to exception reports and to monitor compliance, to escalate issues for actions when not addressed locally, to require work schedule reviews to be undertaken where necessary, to intervene to mitigate safety risks and to intervene where issues are not being resolved satisfactorily. The guardian also distributes monies received as a result of fines for safety breaches, as directed by the trainees through the junior doctor's forum and to provide assurances to both the board and the doctors in training on safe working and compliance with terms and conditions. The role also involves provide a quarterly report to the board and the LMC, an annual report to the board and a responsibility for providing information to external national bodies. There is also a requirement that the guardian convenes junior doctor forums on a regular basis.

## High level data

	No of doctors in training	No of doctors on new contract
Apr-18	41 (36.2 WTE)	21
May-18	41 (36.2 WTE)	21
Jun-18	41 (36.2 WTE)	21

- Amount of time available in job plan for guardian to do the role: 0.5PAs
- Admin support provided to the guardian (if any): 0.25
- Amount of job-planned time for educational supervisors: 0.25

### a) Exception reports (with regard to working hours)

	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
Apr-18	1	1	0
May-18	1	1	0
Jun-18	0	0	0

Grade	Submission Date	Initial Review	Total Days Expired	Status
FY2	01-APR-2018	05-JUN-2018	64	Complete
CPT	24-MAY-2018	31-JUL-2018	67	Complete

Hours Monitoring exercises have taken place in March 2018 for those on the 2002 contract. The intermediate response rate was 90%. The higher rota response rate was 82%. We aim to review the results by the end of May 2018

### b) Work schedule reviews

No Work Schedule Reviews have currently been undertaken.

### c) Locum bookings

Month	Internal	Agency	Total Locum spend
Apr-18	£1,636.03	£6,418.00	£8,054.03
May-18	£4,424.65	£7,474.50	£11,899.15
Jun-18	£4,628.73	£11,509.00	£16,137.73

<b>Locum Bookings (Agency)</b>				
Month	Shifts		Hours	
	Number Requested	Number Worked	Number Requested	Number Worked
Apr-18	13	10	157.5	120
May-18	13	12	153.5	141
Jun-18	20	18	232	225
<b>Locum Bookings (Agency) by Grade - April</b>				
Specialty	Shifts		Hours	
	Number Requested	Number Worked	Number Requested	Number Worked
FY/CT1-3	5	2	57.5	20
ST4+	8	8	100	100
<b>Locum Bookings (Agency) by Grade - May</b>				
Specialty	Shifts		Hours	
	Number Requested	Number Worked	Number Requested	Number Worked
FY/CT1-3	7	6	87.5	75
ST4+	6	6	66	66
<b>Locum Bookings (Agency) by Grade - June</b>				
Specialty	Shifts		Hours	
	Number Requested	Number Worked	Number Requested	Number Worked
FY/CT1-3	5	3	44.5	37.5
ST4+	15	15	187.5	187.5

<b>Locum Bookings (Agency) by Reason - April</b>				
Reason	Shifts		Hours	
	Number	Number Worked	Number	Number Worked
Vacancy	7	4	87.5	50
Sickness	1	1	7.5	7.5
Other	5	5	62.5	62.5
<b>Locum Bookings (Agency) by Reason - May</b>				
Reason	Shifts		Hours	
	Number	Number Worked	Number	Number Worked
Vacancy	0	0	0	0
Sickness	3	2	37.5	25
Other	10	10	116	116
<b>Locum Bookings (Agency) by Reason - June</b>				
Reason	Shifts		Hours	
	Number	Number Worked	Number	Number Worked
Vacancy	0	0	0	0
Sickness	5	3	44.5	37.5
Other	15	15	187.5	187.5

(Other includes: doctor on an 'Act Up', RCPsych teaching & pregnancy)

Locum Work by Trainees						
Month	Grade	Number of shifts worked	Number of hours worked	Number of hours rostered per week	Actual hours worked per week	Opted out of WTR?
Apr-18	CPT	1	12.5	40	52.5	No
Apr-18	CPT	1	4.5	40	44.5	No
Apr-18	FY2	1	12.5	40	52.5	No
Apr-18	CPT	1	3.5	40	43.5	No
Apr-18	SAS Dr	1	4.5	40	44.5	No
Apr-18	CPT	1	4.5	24	28.5	No
Apr-18	SPR	1	4.5	40	44.5	No
May-18	CPT	1	4.5	40	44.5	No
May-18	CPT	1	3.5	40	43.5	No
May-18	CPT	1	4.5	40	44.5	No
May-18	CPT	1	4.5	40	44.5	No
May-18	SAS Dr	1	4.5	40	44.5	No
May-18	SAS Dr	1	4.5	40	44.5	No
May-18	SPR	1	4.5	40	44.5	Yes
May-18	SPR	1	4.5	40	44.5	Yes
May-18	SPR	1	4.5	40	44.5	Yes
May-18	CPT	3	29.5	24	53.5	No
May-18	SAS Dr	1	4.5	24	28.5	No
May-18	CPT	1	12.5	24	36.5	No
May-18	CPT	2	25.0	24	49.0	No
Jun-18	SPR	1	4.5	40	44.5	No
Jun-18	CPT	1	12.5	40	52.5	No
Jun-18	GP-StR	1	3.5	40	43.5	No
Jun-18	CPT	1	4.5	40	44.5	No
Jun-18	SPR	1	4.5	40	44.5	Yes
Jun-18	SPR	1	4.5	32	36.5	No
Jun-18	Cons	1	12.5	40	52.5	No
Jun-18	CPT	1	12.5	24	36.5	No
Jun-18	Cons	1	3.5	40	43.5	Yes
Jun-18	SPR	1	4.5	40	44.5	No
Jun-18	SPR	1	12.5	40	52.5	No
Jun-18	SPR	1	4.5	40	44.5	No
Jun-18	CPT	1	4.5	24	28.5	No

The rotas are currently fully staffed with no gaps, and locums are used for unpredicted changes such as short notice sickness, doctors 'Acting Up' & maternity.

#### **d) Fines**

No Fines have yet been levied.

### **Qualitative information**

The Trust started using the allocate exception reporting software from August 2017 and new trainees were given training in exception reporting and were introduced to the system in induction. The Trust also offered that the opportunity to exception report would be open to all trainees on the old contract but that the outcomes in terms of time owing in lieu or payment would not be open to them. It was felt that this would offer a helpful summary of the current working conditions.

Exception reports received during this period continue to be related to issues where medical emergencies occurred towards the end of a shift resulting in staff remaining beyond their scheduled working hours in order to safely manage the situation. All 9 reports involving this reason were from foundation doctors from inpatient wards. Other reports related to workload during a higher shift, identified as coming from a single doctor with support given in relation to delegation and prioritization of workload. The doctor submitted a total of 4 reports for this reason. The system of exception reporting appears to have prompted discussions with Clinical Supervisors and facilitated reflection and learning about time management and the use of resources. In the previous Junior Doctors Forum this issue was addressed, and support and encouragement was given to trainees to use the on call doctors, and hand over mechanisms appropriately. This will be the subject of discussion again in the May forum. This is an occurrence that is often unavoidable and all such occurrences have been resolved by offering time off in lieu or no actual action needed. There have been periods where the workload on wards has been high, when doctors are covering colleagues on leave, leading to extra hours worked. When time off in lieu is given as compensation, this can exacerbate the problem, and reduce the numbers of trainees on the wards. This will be discussed in the May junior Drs Forum.

The intensity of the on call work is the subject of four reports. The new contract is such that out of hours duties on the ward are paid on the understanding that trainees would be working on average 50% of the time and would be resting for at least 25% of the time. Exception reports indicated times when staff had worked above the average of 50%. Unfortunately the exception report does not provide any clarity as to when trainees are working under the average of 50%. Discussions with the BMA and LNC in the November junior doctor forum led to the recommendation of a further period of monitoring which has taken place in March 2018. The forms were redesigned by the trainees through the enhanced junior doctors forum in order to improve the quality and quantity of the data received. The results are due to be reviewed by the end of May 2018. However, another monitoring exercise is required for the higher rota due to a poor response rate making the statistics invalid.

Three overdue exception reports have remained unresolved due to the doctor rotating out of SHSC.



## **Actions taken to resolve issues**

Informal feedback indicates that junior trainees are using the on call handover system effectively to avoid extended working.

The issues of increase frequency and intensity of the higher trainees on call is being addressed by changing the system by which Mental Health Act assessments are arranged during the day. There is a city wide AMPH team and a dedicated Section 12 doctor during office hours that should be able to process MHA assessments requests and limit the number of planned assessments that take place outside of working hours. Consultants have volunteered to fill rota slots for higher trainees to reduce the frequency of on calls. The issue of cross cover will be discussed at the Junior Doctor's Forum in May.

A session was delivered by Dr Atter at the Specialty Education Committee CPD session in January to raise awareness of the role of the guardian of safe working hours and the process of exception reporting. The sessions was well received.

## **Summary**

During this period of time, the awareness of the exceptional reporting procedures became well known to trainees. Exceptional reports were resolved between the trainees and their clinical supervisor who used reflected episodes of unpredicted clinical demand. I am comfortable with the overall safety of working hours in the organization, and that issues are on the way to being resolved.