RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Nick Lyons Medical Director	Decision		High	Med	Low
	Discussion				
	Information	X			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Chris Lloyd Guardian of Safe Working	Strategic				
	Operational	X			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				

Report Title: QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING Q1 -2018-19

Executive summary

The 2016 junior doctor contract requires doctors in training to report exceptions to their contracted work hours. The exceptions are monitored using the Allocate software solution which provides electronic reporting and resolution records which can be monitored by the PGMEC, The Guardian of Safe Working and the Director of medical education.

Since August 2017 the majority of doctors in training at QEH transitioned to the 2016 contract. A small number of senior trainees remain on the previous 'New deal' contract. The PGMEC team have ensured Rota compliance and worked with teams to deliver appropriate cover is provided where there are vacancies.

The detail in this report is limited to those trainee groups currently affected by the 2016 contract.

Introduction

The purpose of this report is to provide an update to the board on the impact of the 2016 junior doctor contract. Its key aim is to provide assurance of the mechanisms in place for safe working practices and compliance with the 2016 terms and conditions of service.

This Q1 report to the board, once again relates to all trainees who commenced a new post from August 2017. There are a small number of senior trainees who remain on the 'New Deal' Contract and they will continue to be offered bi – annual diary exercises to monitor hours. However, PGMEC area encouraging these trainees to complete exception reports in real time as per 2016 contract to allow problems to be addressed promptly.

Overall the trust has low levels of exception reporting and these are mostly limited to F1 trainees. The Guardian publishes a quarterly information bulletin/ newsletter to raise the profile of the exception reporting process and the role of the guardian of safe working.

Clinical and Educational supervisors are responsible for the management of exceptions according to the timeline set down in the T&C of work.

Medical Rotas are now on e-roster. This system allows rota planners and doctors to identify if there are any breaches of T&C for doctors working at QEH. Easy access to rotas off-site and via mobile device has been well received by medical staff.

As highlighted in my last report I will be standing down from the role of GOSW in august and am pleased to report that a successor has been appointed – Dr Zaheer Babar, Consultant Acute medicine.

High level data

At present the only doctors working the 2016 contract are the foundation year 1 trainees. As such the information within this report is restricted to data relevant to that group.

Number of doctors / dentists in training (total):	120 (plus 26 vacancies)
Number of doctors / dentists in training on 2016 TCS (total):	115
Amount of time available in job plan for guardian to do the role:	1 PA (4 hours per week)
Admin support provided to the guardian (if any):	0.1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

a) Exception reports (with regard to working hours)

Since the introduction of the contract junior doctors have been encouraged to report exceptions. This trust, like many others acknowledges that whilst the T&C of service request the exception reports be managed by the educational supervisor this is not always appropriate as the supervisor may not be in the same specialty as the trainee at the time of the exception. In order to address this PGMECC are contacting clinical supervisors who have direct access to the trainee and knowledge of rota/ service issues.
At QEH the clinical supervisor is therefore generally the person delegated to meet with the trainee and undertake the initial resolution. Educational supervisors are informed of exceptions particularly if these relate to training issues.

The data below shows the exception reported as at 10 July 2018 – it should be noted that reports can list more than one exception of the same category hence there may be more exceptions listed than reports generated.

In Q1 of r 2018 19 there have been 9 exceptions reported. Although all new trainees are now on the 2016 contract this is the first period where there have been exception reports submitted by any grade of trainee other than foundation years 1. In Q1 there have been 5 exception reports submitted by F1 and F2 trainees. There have been 4 exceptions submitted by ST4+ trainees.

This may represent a significant step in the recognition of the exception reporting process by Trainees who are beginning to acknowledge that the process is there to support them not penalize them. However, due to the limited number of trainees submitting the reports I would be hesitant to conclude there is full engagement with the process at this time.

We continue to encourage reporting on the basis that we are trying to ensure safe working practice and patient safety and that the reports are not just about money.

Exception reports by department				
Specialty		**No. of new exceptions raised**	**No. of new exceptions closed**	**No. exceptions outstanding (total)**
Acute Medicine		3	3	3
Oncology & Palliative care		0	0	0
General Surgery/ Orthopaedic.		2	2	2
Paediatrics		4	4	4
Obs & Gynae		0	0	0
Total		9	9	9

Acute Medicine – There have been 3 exceptions reported in Q1. All have been completed and the resolution agreed has been for overtime payment.

Oncology & Palliative care- There have been no new exceptions reported in Q1

General surgery & Orthopaedics- There have been 2 exceptions reported in Orthopaedics in Q1. Both exceptions were resolved with agreed Time of in Lieu.

Paediatrics: There are 4 exceptions submitted within paediatrics. All exceptions have been discussed and Time if in lieu has been agreed, however there is one repot which remains incomplete due to the trainee not signing this agreement.

Obstetrics and Gynaecology: There have been no new exception reports within O&G in Q1

Exception reports by grade				
Specialty		**No. of new exceptions raised**	**No. exceptions closed (total)**	**No. exceptions outstanding**
F1		4	52	13
F2		1	1	2
CT1-2 / ST1-2		N/A	N/A	N/A
GPST		N/A	N/A	N/A
ST4+		4	3	1(this has not had trainee sign off)
Total		9	63	16 (10 pre Aug 2017)

Quarter 1 data

Exception reports by rota				
Specialty		No. exceptions raised	No. exceptions closed	No. exceptions outstanding
DEC 2017 F1 MAU & Ward w Nt		2	2	0
Dec 2017 Gen Med F2/CT/TD MAU1		1	1	0
Oncology and Palliative Care F1 (WR)		0	0	0
Gen Surgery F1 17wks 2016 (13)		2	2	0
Gen Surgery F2 18wks 2016 (11)		0	0	0
Paediatrics F2/STI/GPST				0
PAEDs ST4 60% FTE		4	3	1 (meeting held but no trainee sign off)
O&G Jun 18wk				
Total		9	8	1

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	2	0	2	0
F2	1	0	0	0
ST4	0	4	0	0
Total	3	4	2	

COST of Exception reports.

In Q1 Trainees 4 exceptions have been resolved and overtime payment has been agreed. I have not been provided with any costs in relation to these payments.
There were 4 exceptions where TOIL has been agreed and 1 where there was no further action.

At present there is 1 exceptions reported that are unresolved at the time of writing this report which I anticipate will be afforded time off in lieu.

Work schedule reviews

There have been no work schedule reviews required in Q1 2018-19.

Locum bookings

The information aims to represent the locum requirements following the introduction of the 2016 contract in December 2016

I am aware that the medical director is fully informed with respect to medical Bank and Agency usage and the relative costs. This information is generally beyond the remit of the GOSW so information on these matters will be presented to the board as required by the medical director in a separate report.

Additional in house locum work carried out by QEH trainees

At present the data related to locum bank work undertaken by doctors is collected and collated by the divisions. No information has been provided for this report. The Local bank usage is increasingly significant as more trainees move to the 2016 contract. This is because ALL work counts towards safe working hours. It is clear that many doctors want to do additional work (for multiple reasons). It is essential that doctors take responsibility to ensure they are safe to work and rota coordinators consider the working patterns of juniors when they are working across specialties.
Doing additional hours as a locum may not be allowable unless the trainee opts out of EWTD but more importantly any additional work undertaken must not breach 2016 contract rules.

Vacancies

There are currently 26 vacancies in training posts these are currently filled with temporary staff- agency /bank to ensure safe cover for the wards.

Fines

As yet there have been no Fines imposed on any departments for breaches of terms and conditions of service.
The departments are being encouraged to resolve exceptions internally and the preferred resolution for additional hours worked is Time off in lieu. Where this is not possible payment for additional hours may be needed to resolve the exception. A number of resolved exceptions have required no further action. And in Q1 there have been more awards of TOIL than previously which is a positive step.

At present the divisions are managing overpayment internally and the process to track payments and resulting costs is still in development as a result some of the data in the report is incomplete.
The MEC are requesting that overtime payment forms are submitted with clear reasons which identify payments resulting from exception reports to ensure overtime payments are paid when appropriate and monitor how much is being awarded.

Qualitative information

I feel that there continues to be uncertainty about the exception reporting process. Junior doctors are unsure whether senior staff will take things seriously or whether reporting exceptions will give a negative impression to consultants. Recent months have once again shown a slow decline in the frequency of reporting (9 in Q1 compared to 20 in Q4 2017-18). We have also seen more exception reports from grades other than F1 however I feel that many trainees are not confident exceptions will lead to change so are do not report.

It was previously noted that when asked 'what actions did the doctor take to rectify the situation' in the breach report in many cases very little is done. Trainees rarely recorded that they have spoken to the duty consultant about the exception being reported at the time. The detail in the reports suggests that trainees are now escalating concerns early in order to manage risks to patient safety.

There have been no reports that identified an 'immediate safety concern' in Q1.

Of importance the exceptions reported in Q1 were resolved more promptly than in the previous period which is a positive step and shows better engagement from supervisors.

Overall there remains low numbers of reports so the improvement in actions to resolve concerns cannot be translated to mean full engagement from all supervisors.

Issues arising

Junior doctors can still only report to one named educational supervisor on the electronic system but for practical purposes there clinical supervisor is generally better placed to address the issues being raised. This causes delays in notifications reaching the supervisor – up to 4 days over long bank holiday weekends, which when faced with a 7 day completion time can be challenging to complete due to Rota and clinical schedules.

Engagement of the clinical supervisors to undertake this additional workload promptly is an issue that has been raised with the Medical director and the DME as the short time schedule allowed within the T&C to resolve exceptions increases the pressure on the supervisor.

The proposed uplift of time allocation for educational supervisors to 0.25Pa per trainee is an important step to affording supervisors the time to manage this additional work. This has not yet been approved in job plans. This issue has also been raised in the recent foundation school and GMC monitoring visit to the trust.

At present I cannot reliably determine whether a fine is warranted as there is no way to monitor the full work schedule other than by manual review of the previous Rota. Similarly, as the Guardian I would expect to identify if a fine is warranted based on exception report findings. The absence of exception reports raising concerns suggests the either trainees are not engaged or that there are no areas that cause a serious breach of the Rota rules. The

transition of rotas on to medic-online system does support the management and monitoring of this and allow investigation of an individual rota more reliably.

The MEC staffs continue to provide admin support to the Guardian and are available to address queries from supervisors and trainees when needed.

There is an ongoing requirement for the trust to have the resilience to manage Rota gaps which result from failures of national recruitment or low numbers of training posts at the trust and a limited pool of doctors wanting non-training posts. We may find that there are unfilled slots on rotas as doctors may not be allowed to work despite being willing to do so because of the potential for a guardian fine to be levied as a result of excess hours worked. This will be detrimental to patient care, safety and experience.

Engagement at the junior doctor forum this year has been poor- only attended by F1 trainees despite requests for all specialties and grades to be represented- This forum requires engagement from senior trainees who can set the standard expectations for all trainees. I feel that if the higher trainees engage then this will generate a greater response from the more junior trainees.

Actions taken to resolve issues

1: An ongoing task is to reinforce the importance of exception reporting and management. This will be via the Junior Doctor Forum, HMSC, Medical Education Forum, Trust induction

2: Introduction of Quarterly Guardian Bulletin (sent bimonthly initially).

3: MEC continue to request that departments clearly identify additional duty hour's payments which result following an exception report. It is essential there is a clear process to follow which will allow monitoring of the additional hours worked and the cost implications.

4: Engagement at the junior doctor forum this year has been poor, additional work to understand why this is the case is needed.

Summary

Throughout 2017/18 there has been a low reporting rate of exceptions. The majority have been reported by F1 doctors. There is an apparent lack of willingness to report issues from F2 and higher trainees.

Q1 of 2018-19 has shown an influx of exception reports from higher trainees though the overall reporting rate has once again dropped. There has been better compliance with the resolution timeline stipulated within the T&C of work in Q1

No exceptions have been in relation to training issues, or immediate safety concerns (ISC) – in Q1

It is an ongoing task increase the awareness across the trust about exception reporting and the reporting process. This is still a relatively new process to all those involved and the overall embedding of the process is being monitored. I will be attending the PFP week for the new F1 staff to ensure new starters are aware of the process. I anticipate my successor

Dr Babar will continue to promote the process and support trainees to improve working conditions and patient safety.

Questions for consideration

1: Exception reporting rates for the trust remain low- is there anything else the board and trust management can offer to further promote the importance of this process to Doctors in training?

2: As Guardian I have no access to the data relating to bank and agency use across the trust. The board should seek assurance that bank usage, whilst essential, is not affecting safe working practices. It is important that the divisions can confirm that doctors are not being asked to work beyond what is a safe number of hours.

At present, whilst I believe things are improving, I cannot give full assurance to the board that there is adequate engagement and reporting of work related issues using the exception report process. Junior medical staff have been repeatedly reminded of the contractual obligation to do this and the trust is aware that the Deanery will be using information in exception reports to monitor working practices and patient safety issues none the less I consider that there is still inadequate levels of reporting. The lack of data available to me on locum/ Bank shifts, known staff shortfalls and the respective costs of this means we are unable to clearly identify the true impact on the medical workforce in the trust.

I wish Dr Babar success in his new role and thank the board for the support given to me during the two years I have been the Guardian of safe working at the Trust.