Agenda Item 22

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Frankie Swords Medical Director	Decision		High	Med	Low
	Discussion				
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Zaheer Babar GoSW	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: 26th NOVEMBER 2019

Report Title: QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING Q1, 2019-20 (April-June 2019)

PURPOSE:

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.

SUMMARY:

During first quarter of 2019-20, 27 exceptions were reported. Out of 27, 3 exceptions were related to missed educational opportunities, 3 were due to missed breaks and rest 21 were related to overtime.

There were two exceptions reported as ISC, one each from Stroke and Orthopaedics. ISC in stroke was related to inadequate staffing and senior report. The ISC from orthopaedics was submitted as an error as per the notes of clinical supervisor and trainee meeting notes. There is no report to suggest that the patient safety was compromised in either of the ISC.

22 exceptions were reported by FY1s and 5 exception reports were submitted by FY2 and ACCS trainees.

Trainees (FY1) of Trauma and Orthopaedics submitted 17 exception reports, 3 each from Haematology and A&E, 2 from Stroke department and 1 each from Obstetrics and General surgery.

All these exceptions were resolved during meeting with the clinical supervisors. Trainees are required to approve the outcome of the exception reports after the meeting with the clinical supervisors. However, in 6 reports trainees did not approve the outcome. This trend is observed nationally as mentioned by the other GoSW in a recent national GoSW conference.

Obstetrics and Gynaecology trainees raised concerns regarding the culture in the department and lack of senior support for Gynaecology on call. These concerns were raised during informal meetings and were not reported through exception reporting system. These concerns were discussed with MD who took prompt measures to resolve these concerns and improvement was noted by the trainees in the recent quarter.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Total cost paid to resolve these exception reports in the form of payment is £254.93.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational

RECOMMENDATIONS:

The GoSW and its team will continue to encourage trainees to report their concerns through formal and informal channels.

The Trust management should continue to monitor the situation in Obstetrics & Gynaecology to improve the culture and senior support for the trainees.

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 2018 all the doctors in training at QEH transitioned to the 2016 contract. The PGMEC team have ensured rota compliance and worked with teams to deliver appropriate cover is provided where there are vacancies.

The details in this report are limited to the doctors in training only and do not include clinical fellows and trust doctors.

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 submitted these reports between April-June 2019. Currently, no system is in place for the clinical fellows and speciality doctors to exception report. During this quarter, exception reports were submitted by F1, F2 and ACCS grade doctors. Clinical 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.

High level data

Since August 2018, all doctors in training are on 2016 contract. As such, the information within this report is restricted to data relevant to that group.

Total Number of training posts (Doctors and Dentist): 154
Number of doctors / dentists in training (total): 127
Number of doctors / dentists in training on 2016 T&CS (total): 127
Number of vacancies: 27
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: 0.25 PAs per trainee

The above figures represent the vacant training posts and don't represent rota gaps as these vacant posts are filled with locally employed, bank and agency doctors.

Exception reports

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 PGMEC are

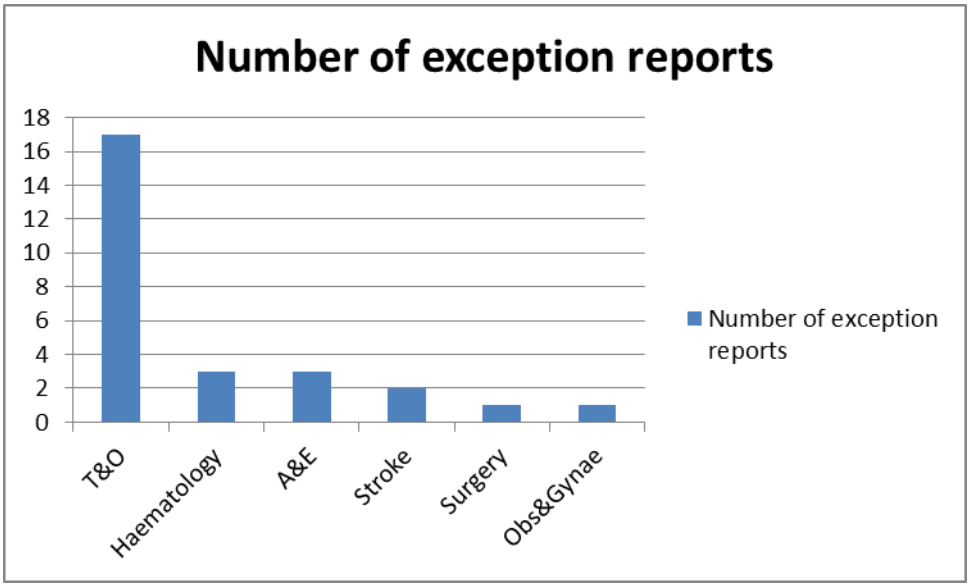
contacting clinical supervisors who have direct access to the trainee and knowledge of rota/ service issues. At QEH the clinical supervisor is therefore generally the person delegated to meet with the trainee and undertake the initial resolution. However in cases where the clinical supervisors are unavailable or unable to meet the trainees due to other reasons, the exceptions are then forwarded to educational supervisors, DME and in some cases to the divisional directors or Medical Director. Educational supervisors are informed of exceptions particularly if these relate to training issues and in the absence of clinical supervisors.

The data below shows the exception reported as at 30th June – 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.

During Q1, total number of exceptions reported were 27; 22 of those were reported by F1 doctors, 2 by F2 doctors and 3 by ACCS trainee. No exception report was submitted by CMT trainees and GPVTS. 2 Exceptions were reported as Immediate Safety Concern, one each from Stroke and Orthopaedics.

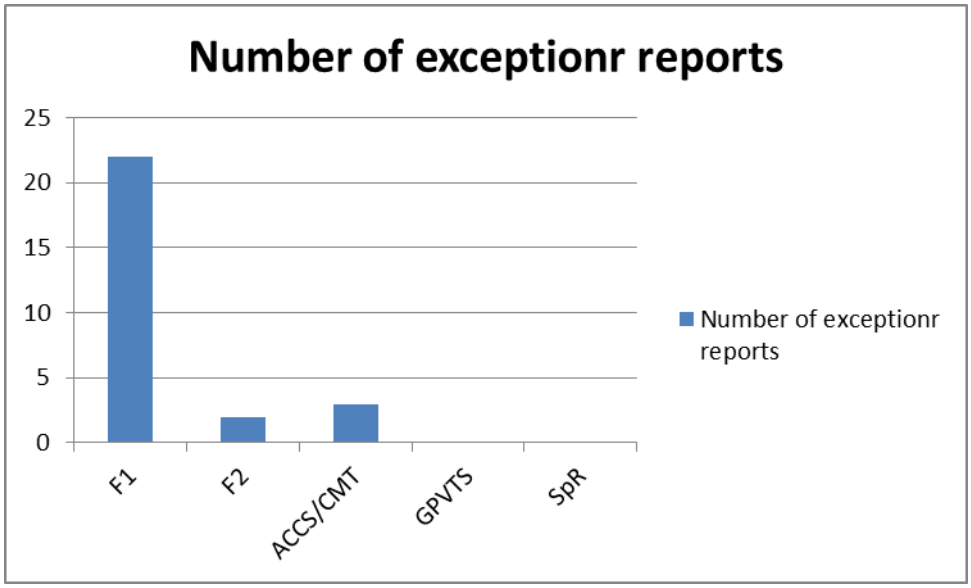
Exception Reports by Wards/Specialities

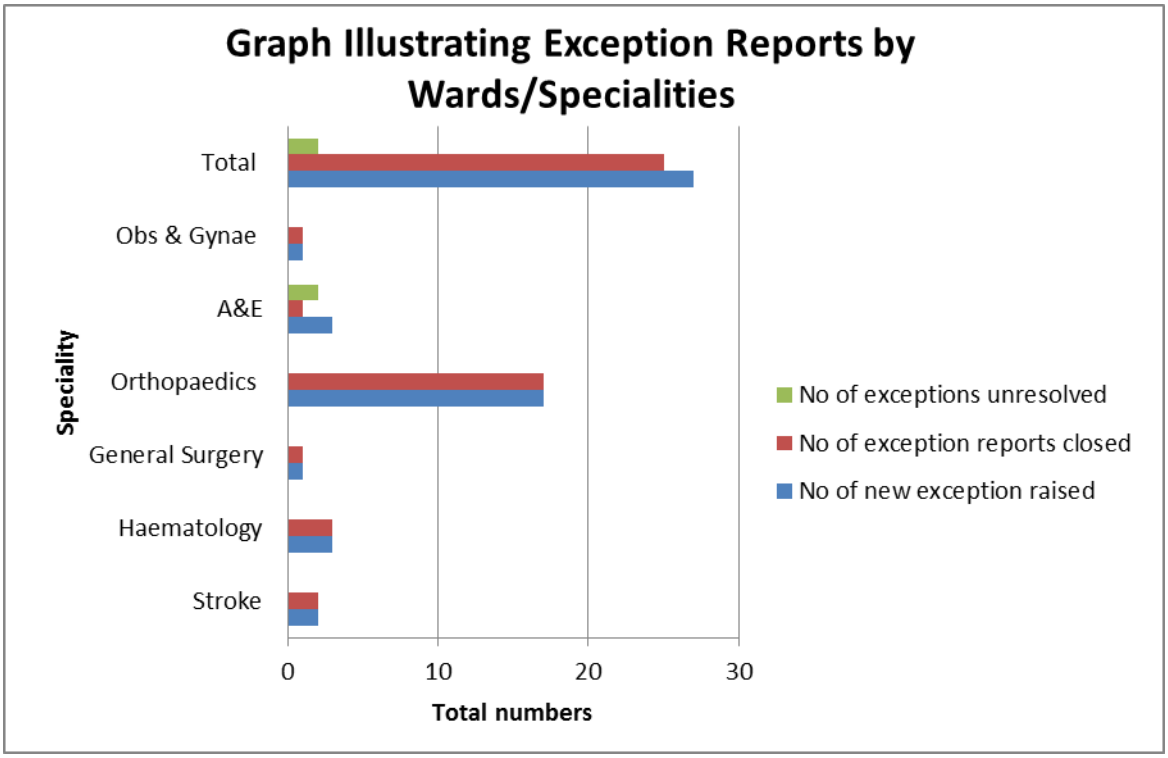
Specialty	No of new exceptions raised	No of exception reports closed	No of exceptions unresolved
Stroke	2	2	0
Haematology	3	3	0
General Surgery	1	1	0
Orthopaedics	17	17	0
A & E	3	1	2
Obs & Gynae	1	1	0
Total	27	25	2



Exception reports by Grade

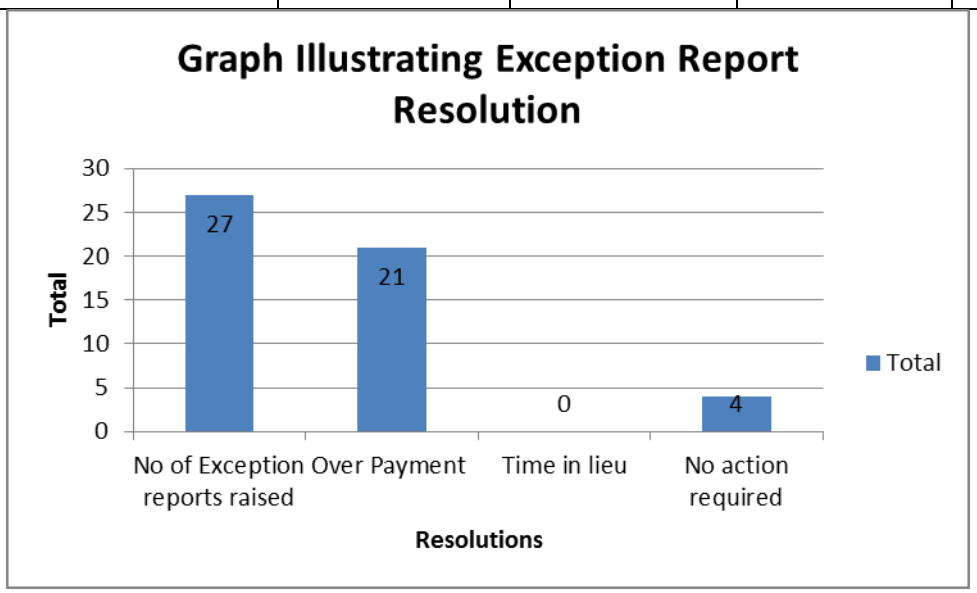
Grade	No of exception report raised	No of exception reports closed	No of exception reports unresolved
F1	22	22	0
F2	2	2	0
CMT/ACCS	3	1	2
ST	0	0	0
GPVTS	N/A	N/A	N/A
Total	27	25	2





Exception report resolution

Grade	No of Exception reports raised	Over payment	Time in lieu	No action required	Unresolved
F1	22	18	0	4	0
F2	2	2	0	0	0
CMT/ACCS	3	1	NA	NA	2
ST	0	0	0	NA	0
GPVTS	NA	NA	NA	NA	0
Total	27	21	0	4	2



Qualitative Data

During this quarter, exceptions were reported from Trauma & Orthopaedics, Stroke, O&G, Haematology, General surgery and Accident and Emergency department.
Out of 27 reports, 17 were reported by FY1 of Trauma and Orthopaedics and 14 of them were related to working beyond their hours to finish the jobs and 3 were due to missed breaks.
3 exceptions were by an ACCS in A&E department which though was marked as educational but were actually related to inadequate staffing, support and inability to take breaks. In his exception reports he highlighted that 3 doctors in A&E night shift are not enough during busy A&E and can be a potential patient safety risk. This was discussed with the ED college tutor and was reassured that they will discuss this with their trainees and will take actions if required. No further exception reports from A&E have been submitted to this effect.
2 exceptions were reported by Stroke FY1 and they were related to working beyond their hours and support.
3 exceptions in haematology were related to working beyond the contracted hours to finish the jobs.
FY2 in general surgery and O&G reported one exception each and they were related to the workload, inadequate staffing and working overtime.
During this quarter, the initial meeting between the trainee and clinical supervisors took place in all the cases and the matter was resolved. According to the notes of these meetings, trainees agreed to the outcome of their meeting with the clinical supervisors. Trainees are required to log back in and approve these outcomes but in 4 reports, the trainees did not log back in to approve the outcome and these appear as unresolved and in 2 reports there were no notes of the meeting. 3 out of these technically unresolved exception reports were submitted by one ACCS trainee from A&E. ACCS trainee met his clinical supervisor but they only documented in one exception report form and there is no entry in the remaining 2 forms. In remaining 3 unresolved exception reports, the meeting took place and outcome stated but not approved by the trainees.

Immediate Safety Concerns

2 exceptions were reported as immediate safety concern. According to the clinical supervisor, ICS in orthopaedics was reported as ISC by mistake. Second ICS was reported from stroke and it was due to inadequate staffing and trainee had to stay longer to complete the jobs. The trainee met with their clinical supervisor who acknowledged the trainees' concerns and advised the trainee about the escalation if such situation arises in the future. No further ISC were submitted from the stroke unit since then.

Cost of Exception reports

The total cost in the form of payment to resolve these exception reports were 254.93£

Work schedule reviews

There have been no formal work schedule reviews required in Q1 2019-20. However, I have met the rota coordinator and Divisional Director of surgical directorate and have requested them to review the out of hour cover for the surgical directorate.

Locum bookings

I am not aware that any additional locums were required in response to the exception reports during this quarter.

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.
Since this report, a new electronic system has been introduced which will increase the visibility and scrutiny of locum usage.

Vacancies

There are currently 27 vacancies in training posts these are currently filled with temporary staff-agency /bank or clinical fellows 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.

Issues arising and actions taken

Engagement of the clinical supervisors to meet the trainees and resolve the exception reports have improved.

The trainees are still not approving the outcomes after discussion with their supervisors despite reminders.

Six exceptions were related to missing the breaks which is concerning but also encouraging that trainees are starting to put the exception reports for missing the breaks.

More than half of the exceptions during this quarter were reported from Trauma and Orthopaedics (T&O). I have attended the clinical governance meeting of T&O department and have apprised them of the situation in their department. The clinical lead and the consultants were supportive of the trainees and willing to take actions to help reduce the workload of trainees, improve staffing and senior support.
The trainee in T&O also raised concerns for fewer numbers of computers in the ward and access to the essential equipment especially during their on call. This concern was discussed in the clinical governance meeting and the manager of T&O was requested to look into it as a matter of urgency. However, it has yet to be resolved at the time of submission of this report.

During this quarter, trainees from O&G raised concerns about the culture in the department, attitude of certain individuals related to the rota management and inadequate support for gynaecology on call. The trainees raised their concerns in the meeting with GoSW. These concerns were escalated to the medical director. The medical director took the necessary actions to address the concerns and trainees reported some improvement after these actions. Trainees were requested to log these concerns in exception reporting system and were reminded several times to do so but they did not.

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 by the senior trainees suggests that either senior trainee are not engaged or that there are no areas that cause a serious breach of the rota rules.

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

Summary

Majority of the exception reports are related to working beyond the contracted hours to complete the jobs. Trauma and Orthopaedics again remains an area of concerns where trainees are struggling to leave the hospital and have difficulty in taking natural breaks. Inadequate staffing and the work load have been identified as the cause for these exception reports. This issue has been escalated to the concerned individuals and the work is in progress to take measures to resolve these concerns.
There are concerns about the lack of support for Gynaecology on call and culture in the department. Medical Director has taken appropriate actions to address these concerns and there was some improvement towards the end of the rotation.
Exception reports from one of A&E trainee highlighted that he felt that 3 doctors in night shift may not be enough during busy A&E and could be a patient safety risk. It was escalated the ED college tutor who reassured GoSW that they will discuss this with their trainees and will take necessary actions required.
Two exception reports submitted as immediate safety concern of which one was submitted by mistake and other was related to inadequate staffing and senior support. There is no mention that any patient came to harm or safety of the patient was compromised.
Engagement of the clinical supervisors remains less than ideal but all the trainees met their supervisors to discuss their exception reports.