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 Q2 report to the board, once again relates to all trainees who submitted these reports between July-September 2018. . Currently no system is in place for the clinical fellows and speciality doctors to exception report.

Overall the majority of exception reports are submitted by 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.

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 TCS (total): 127

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

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 and in the absence of clinical supervisors.

The data below shows the exception reported as at 30th September – 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 Q2, total number of exceptions reported were 88; 83 of those were reported by F1 doctors and 5 by F2 doctors. No exception report was submitted by CMT trainees, GPVTS and Specialty trainees.

b) Exception Reports by Wards/Specialities

Specialty	No of new exceptions raised	No of exception reports closed	No of exceptions unresolved
Stanhoe (Gastroenterology)	7	7	0
Stanhoe (Endocrinology)	8	6	0
Windsor (Care of elderly)	4	4	0
Acute Medicine(TSS)	3	3	0
Necton (Respiratory)	3	2	1
West Newton (COE)	30	23	0
Haematology	3	3	0
General Surgery	5	4	1
Orthopaedics	21	4	5
Urology	4	4	0
Total	88	81	7

c) Exception reports by Grade

Grade	No of exception report raised	No of exception reports closed	No of exception reports unresolved
F1	83	77	6
F2	5	4	1
CT1-2/ST3	N/A	N/A	N/A
ST4+	N/A	N/A	N/A
GPVTS	N/A	N/A	N/A
Total	88	81	7

d) Exception report resolution

Grade	No of Exception reports raised	Over payment	Time in lieu	No action required
F1	83	57	19	7
F2	5	4	0	1
CMT	NA	NA	NA	NA
ST	NA	NA	NA	NA
GPVTS	NA	NA	NA	NA
Total	88	61	19	8

Qualitative Data

No exception has been reported from A&E, Anaesthesia, ITU, Paediatrics, Obstetrics and Gynaecology, ophthalmology and oncology.

Majority of the exception reports in Medicine directorate were submitted from two medical wards; West Newton and Stanhoe ward and few were submitted from other medical wards.

I have discussed the exception reports with the concerned consultants in Stanhoe ward and trainees. Inadequate staffing and unpredictable work load were the two important factors behind these exception reports. I have discussed this with Associate Medical Director who has assured me that the staffing level will improve with induction of new clinical fellows in the rota.

In West Newton, Most of exception reports were related to inadequate senior cover after the departure of locum consultant. The number of exception reports dropped significantly after joining of two consultants in West Newton ward.

I have been assured by the associate medical director of medicine that staffing level will improve in all medical wards with the recruitment of clinical fellows who will soon be ready to take full role in the wards.

The other area of concern was Trauma/ Orthopaedics departments where juniors were left to manage complex medical issues without any senior support. I have met with the clinical lead and the associate medical director of surgery to emphasize the need for the urgent intervention. A locum Ortho-Geriatrician had joined the department since then and the number of exception reports has reduced. I have met the trainees in Orthopaedic department and they now feel supported and are not staying late.

As shown in the table above, most of these exception reports are submitted by F1 doctors only with very few from F2. No exception report s was submitted by CMT, GPVTS or Speciality Trainees. This may reflect either there are no issues to report or lack of engagement or trust in the system of exception reporting.

During this quarter, there were instances where the supervisor's engagement was less than ideal which has resulted in significant delays in some cases. Some of the supervisors are either not familiar with allocate software or don't have log in. The admin support person has tried to resolve some of these issues with variable success. DME had been exceptionally helpful during this quarter to resolve some of these exception reports where clinical supervisors were unable to meet the trainees due to various factors. I would like to thank DME for his help.

The trainees are required approve the outcome after the meeting. However some of the trainees have not approved these outcomes which have resulted in some unresolved exception reports. It may be due to unfamiliarity with the process as it is clearly documented in the exception reports that trainees have agreed with the outcome. I have requested my admin support person to follow up these trainees to confirm the outcome so that reports can be closed. I have also attended the recent JDF meeting on 01/11/2018 to explain the process.

Cost of Exception reports.

During Q2, 81 out of 88 exception reports were closed and an approval is awaited in 7 exception reports. Out of these 88 episodes, an overpayment for the extra hours was made in 61, time in lieu was given in 19 and no action was required in 8.

I have not been provided with any details about the cost of these overpayments as there was some delay in the resolution of exception reports and the payments have not been made yet. I will include this in my next Quarterly report. I also was not provided the information how the time in lieu was covered in their absence.

Work schedule reviews

There have been no formal work schedule reviews required in Q2 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 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.

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 Q2 there has been trend of overpayment for the extra hours which is less preferred option.

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 because the departments don't provide any data of the payments to the Guardian.

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 is greater uptake by of exception reporting process by the trainee doctors since August 2018 and every effort has been made to build their confidence in the system of exception reporting. However the senior trainees are still not submitting the exception report which is an area of concern.

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 7 reports that identified an 'immediate safety concern' in Q2. The clinical supervisors were immediately contacted after submission of these reports to make them aware of these reports; however the meetings did not take place within the given timeframe of terms and conditions of contract.

Issues arising

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. Some of the supervisors are not familiar with the use of Allocate software or don't have log in details for their accounts. They have been now provided with the new log in.

The 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 and will hopefully help in resolving the exception reports in timely fashion.

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 the either trainees are not engaged or that there are no areas that cause a serious breach of the Rota rules.

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. However this may improve after the recruitment of clinical fellows.

Engagement at the junior doctor forum has improved during the Q2 which is positive step forward. However 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 once monthly open drop in session for the trainees to meet the guardian of safe working hours to discuss the concerns in person or in case if they are unsure if an exception report should be submitted.

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: Discussion with the trainee doctors in the next quarterly junior doctors forum to set up a WhatsApp group to improve the communication with the Guardian.

Summary

Q2 of 2018-19 has shown an increase in the number of exception reports but the majority of exceptions have been reported by F1 doctors. There is an apparent lack of willingness to report issues from F2 and higher trainees. There has been variable compliance with the resolution timeline stipulated within the T&C of work in Q2.

No exceptions have been in relation to training issues and 7 were of immediate safety concerns (ISC) – in Q2

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.

Questions for consideration

1: Exception reporting rates by the senior trainees 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.

3: There is no system in place for the Guardian to know whether overpayments have been paid in timely manner and the cost of it. There is no robust mechanism in place which assures the timely provision of the information about the cost implications to the Guardian. Also, the information provided is patchy and vary among departments.

4: There is no system in place for the trust doctors and clinical fellows to exception report at present.

At present, whilst I believe things are improving and number of exception reports have increased considerably compared to the last quarter I cannot give full assurance to the board that there is adequate engagement and reporting of work related issues using the exception report process or it will sustain at this level. Trainees 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.