

STRATEGIC WORKFORCE COMMITTEE

June 2018

Details of the Paper

Title	Guardian of Safe Working Hours Report
Responsible Director	Neil McDonald
Purpose of the paper	To provide an update on work schedule reviews relating to safe working hours
Action / decision required (e.g., approve, support, endorse)	The Committee are asked to note the contents of this report

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Assurance to the Board that doctors' working hours are safe

Establish memoranda of understanding between the lead and host organisations

Establish a Junior Doctors Forum to advise Guardian and DME

Please summarise the potential benefit or value arising from this paper:

RISK

Are there any specific risks associated with this paper? If so, please summarise here.

Non-Financial Risk:

Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?

(if you need advice on completing this box please contact the Director for Governance)

Author of paper: Dr Nawal Bahal

Presenter of Paper:

Other committees / groups where this paper / item has been considered:

Date of Paper: 26th June 2018

1. Executive Summary

This report has been provided to the board as required by Schedule 5, Paragraph 35 of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016.

This report summarises the progress made by the Trust in promoting a reporting culture amongst junior doctors. This is reflected in the buy-in from the exception reporting process. The Junior Doctors' Forum and local BMA have been instrumental in supporting this.

In addition to deviation from contracted working hours, some doctors have raised concerns that this may affect their safety and that of their patients. It is important that the Trust responds to these concerns by providing them with support.

The key next steps are to demonstrate we also have a listening culture – and to act on the information we are being given.

2. Introduction

The year to August 2017 saw the implementation of the 2016 TCS for selected groups of doctors, namely all FY1 doctors and FY2 and core trainee doctors in certain specialities.

In August 2017 all junior doctors in training positions in the Trust transitioned to the 2016 TCS. The only exceptions to this group will be those returning to work (e.g. from maternity leave) and still to start a new appointment. NHS Employers have clarified that Military and Academic doctors employed in NHS Trusts on clinical contracts will transition to and remain on the 2016 TCS.

The primary source of information in this report is exception reports raised by junior doctors. This is an electronic method of recording variations in working hours from those agreed in the doctor's work schedule, a lack of clinical support, or an immediate concern for the safety of a patient or themselves.

Other means of gathering information have included face-to-face meetings with groups of FY1 doctors and a formal meeting with all FY1 doctors to address concerns about working practices in certain areas.

3. Exception Reports

See accompanying spread sheet.

Over the period February - April 2018, 88 exception reports were filed (down from 101 the previous quarter). 71 of these related to hours and rest, 3 to working pattern, 6 to service support.

The total hours reported was 138.5 which relates to approximately 1.6 hours per exception report (up from 1.4 the previous quarter). Of those reports considered 'closed' – 82.25 hours were made as payments (up from 74.25 the previous quarter) and 22.25 hours were repaid as time-off in lieu (TOIL) (down from 30.5 the previous quarter).

There were 2 Immediate Safety Concerns relating to workload and supervision. One of these was due to issues with RMOs not having access to IT systems for ordering tests, requiring the junior doctor to stay late to ensure patient safety. This issue has now been resolved and the RMOs now have access to our IT systems. The other was the result of an ongoing rota gap.

3.1 Exception Reports by Division

Division	Number of Reports
Surgery and Critical Care	31
Integrated Medicine	32
Integrated Elderly	7
Women & Childrens	17
Specialist Services	0

3.2 Exception Reports by SDU

SDU	Number of Reports
A&E	0
Acute Medicine	0
Anaesthetics	1
Cardiology	5
Diabetes	5
Gastroenterology	0
General Surgery	3
Haematology	0
MfOP	7
Obs & Gynae	4
Ophthalmology	4
Paediatrics	13
Plastics	0
Psychiatry	1
Respiratory	13
Rheumatology	0
Stroke and Neurology	6
Trauma	14
Urology	12

3.3 Exception Types

Exception Type	Number of Reports
Late Finish	63
Difference in work pattern	9
Inadequate supervision	6
Unable to achieve breaks/late finish	3
Unable to achieve breaks	1

3.4 Fines relating to Exception Reports

Fines (at 4 times the doctors hourly rate) are levied against the Trust when a doctor reports working more than 72 hours in a week, more than an average of 48 hours over the life of a rota cycle, or have an 11 hour break reduced to 8 hours or fewer.

There were no fines for this quarter.

4. Issues Arising

NHS Employers have announced that a substantive review of the T&Cs will occur in August 2018, as originally planned in 2016.

5. Engagement

5.1 Junior Doctors Forum

The 2017-18 Junior Doctors Forum (JDF) will shortly leave at the end of their placements in July. We will be appointing a new group in August 2018.

5.2 Junior Doctors Induction

As part of the induction programme for all new starters, there are regular slots for the Guardian to explain the 2016 TCS and exception reporting. This provides an opportunity for questions from junior doctors. FAQs are published on social media (see below).

5.3 Doctors' Mess

The Trust has identified a space which can be used as a Doctors' Mess in Stoke Mandeville (currently the Prayer Room in the PFI). This reallocation of space will result in a spare office for the Trust and requires no construction work to be completed. I am confident this can be in place before August and am working with the Chief Operating Officer to achieve this.

5.4 Social Media

In an effort to increase engagement with junior doctors, a Facebook (www.facebook.com/BucksGuardian) and Twitter feed (@BucksGuardian) are used to share information and updates on exception reporting, contractual issues and other important announcements in the Trust.

6. Number of Doctors in Trust

With a few exceptions (e.g. those on maternity leave during transition), all of the junior doctors in nationally recognised training schemes are working on the 2016 TCS.

Not all divisions have a full complement of junior doctors across all levels of seniority. This is an ongoing issue which is being monitored by Medical HR.

7. Concerns

No other concerns.

8. Recommendation

The executive team are asked to note the content of this report.

Nawal Bahal
Guardian of Safe Working Hours
June 2018