

**Trust Board in Public: Wednesday 8 May 2019**

**TB2019.49**

<b>Title</b>	<b>Safe Working Hours, Doctors and Dentists in Training: 2018 - 2019 Quarter 4</b>
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<b>Status</b>	For Information
<b>History</b>	n/a

<b>Board Lead(s)</b>	Meghana Pandit, Chief Medical Officer			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

1. This paper provides the quarterly update to Trust Board on Safe Working Hours for OUH Junior Doctors.
2. The update covers Exception Reporting, Locum Bookings, Work Schedule Reviews, Vacancies and Fines.
3. In Quarter 4, the following points are highlighted:
  - Exception Reporting has increased from 101 to 115 reports
  - Locum usage (measured by shift) has increased from 3497 to 4186 with main reason given as 'vacancy'
  - There were no work schedule reviews
  - Two fines were levied, both in relation to 72 hour breaches

### Recommendation

5. The Board is asked to receive this Quality Report as information provided from within the organisation on the measures being taken in relation to quality assurance and improvement

## Safe Working Hours, Doctors and Dentists in Training: 2018 - 2019 Quarter 4

### 1. 2018-19 Quarter 4

1.1. This Quarterly Report on Safe Working Hours for doctors in training (Q4: Jan-Mar.2019) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Junior Doctors.

### 2. High Level Data Table 1

Number of doctors in training (approx. total):	825
Number of doctors in training (WTE):	N/A
Number of junior doctor rosters (approx.):	95
Number of doctors in training on the new contract (approx. total)	N/A
<ul style="list-style-type: none"> <li>• Foundation year 1</li> <li>• Foundation year 2</li> <li>• Core Trainees (medical + surgical)</li> <li>• General Practice</li> </ul>	<p>86</p> <p>112</p> <p>112</p> <p>49</p>
Job planned time for guardian	8 hours / week
Job planned time for educational supervisors	1 hour / junior doctor / week

2.1. Clinical supervisors carry out supervision in clinical sessions without a specific additional payment

### 3. Data Management

3.1. As previously reported, the collection and reporting of data relating to the junior doctor workforce continues to be a challenge both locally and nationally.

3.2. Whilst data contained within this report is derived from locally and nationally commissioned sources and therefore felt to be statistically dependable, the sources themselves are unlinked and depend on subjective reporting. It is therefore not possible to know if these data are capable of providing a comprehensive reflection of the junior doctor workforce.

### 4. Exception Reporting

4.1. Exception Reports (with regard to working hours) – Table 2

		Jan	Feb	Mar	Total
Reports	Grand Total	39	42	34	115
	Closed	36	38	30	104
	Open	3	4	4	11
<i>The data below relates to the 104 closed exception reports only</i>					
Individual doctors / specialties reporting	Doctors	14	15	15	31
	Specialties	8	8	7	12
Immediate concern		1	1	-	2
Nature of exception	Hours & Rest	35	36	29	100
	Education	2	3	2	7
Additional hours	Hours (plain time)	39.2	60	50.5	149.7

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<i>('Hours &amp; Rest' exception reports only)</i>	Hours (night time)	4.2	24.5	25.6	54.3
	Total hours	43.4	84.5	76.1	204.1
	Hours per exception report	1.2	2.3	2.6	2.0
Response	Agreed	36	37	30	103
	Not Agreed	-	1	-	1
Agreed Action ( <i>'No action required' is the only response available for 'education' exception reports</i> )	Time off in lieu	15	9	13	37
	Payment for additional hours	13	24	14	51
	No action required	8	4	3	15
	NA	-	1	-	1
Grade	F1	4	19	11	34
	F2	24	9	2	35
	StR	3	10	12	25
	GPVTS	5	-	-	5
	CMT	-	-	5	5
Exception type ( <i>more than one type of exception can be submitted per exception report</i> )	Late finish	35	26	20	81
	Unable to achieve breaks	1	8	13	22
	Difference in work pattern	3	8	9	20
	Early start	1	2	2	5
	Unable to attend teaching/training	-	2	1	3
	>72 hours work in 7 days	-	2	-	2
	Inadequate clinical exposure/experience	-	1	-	1
	Teaching cancelled	1	-	-	1
	Unable to attend clinic/theatre/session	-	-	1	1
Specialty	General Surgery	5	13	12	30
	General Medicine	5	10	5	20
	Paediatric Surgery	-	7	7	14
	Neurosurgery	10	2	-	12
	Obstetrics and gynaecology	6	4	-	10
	Anaesthetics	1	-	4	5
	Palliative Care	5	-	-	5
	Otolaryngology (ENT)	3	-	1	4
	Cardio-thoracic Surgery	1	1	-	2
	Orthopaedic surgery	-	1	-	1
	Paediatrics	-	-	1	1

- 4.2. The number of exception reports has increased from 101(Q3) to 115 (Q4).
- 4.3. Two immediate concerns were reported in this quarter. Both trainees asserted that their concerns met the contractual definition of an immediate concern. Only one of the trainees accepted the request to document the concerning event via the Datix reporting system.
- 4.4. Two breaches of working hour regulations was reported in this quarter (see fines).
- 4.5. As noted previously in these quarterly reports; most exception reports (>80%) were submitted due to a 'late finish'. The submitted exception reports do not demonstrate any particular trends, suggesting that this type of exception reporting is unlikely to be mitigated through work schedule redesign.

4.6. The number of exception reports describing a 'Difference in work pattern' increased from 1(Q3) to 20(Q), 15 of these exception reports were submitted by three different trainees from a single specialty (paediatric surgery). As this pattern of exception reporting might represent an issue with work schedule design, the guardian has met with the trainees and encouraged them to use exception reporting as a tool to evaluate their work schedule.

## 5. Locum bookings

### 5.1. Locum work carried out by junior doctors – Table 3

Quarter 4 2018-19		Jan	Feb	Mar	Total
Locum Shifts	Total	1494	1369	1323	4186
	Agency	688	638	684	2010
	Bank	806	731	639	2176
Grade	Unassigned	-	-	16	16
	Foundation	109	107	138	354
	Core	630	610	551	1791
	Specialty	755	652	618	2024
Specialty	Acute Medicine	85	78	81	244
	Acute care and common stem	-	1	-	1
	Allergy	-	-	1	1
	Ambulatory Care	-	4	2	-6
	Anaesthetics	4	22	15	41
	Anaesthetics and Critical Care	15	9	6	30
	Anaesthetics and Cardiac	6	-	-	6
	Biochemistry	-	-	-	-
	Breast Radiology	-	-	-	-
	Breast Surgery	-	-	3	3
	Cardiology	-	-	1	1
	Cardiothoracic Medicine	103	100	99	302
	Cardiothoracic Surgery	71	92	134	297
	Care of the Elderly	25	19	32	76
	Chemical Pathology	-	-	-	-
	Clinical Genetics	-	-	-	-
	Clinical Neurophysiology	-	-	-	-
	Colorectal Surgery	-	1	1	2
	Community Paediatrics	-	-	-	-
	Dermatology	-	2	-	2
	Emergency Medicine	158	198	216	572
	Endocrinology and Diabetes	23	3	-	26
	Endocrine Surgery	3	4	1	8
	ENT	17	16	13	46
	Gastro Intestinal Surgery	-	-	-	-
	Gastroenterology	1	4	22	27
	General Surgery	54	60	60	174
	Genitourinary Medicine	4	-	-	4
	Gynaecology	26	3	-	29
	Haematology	-	1	2	3

	Hepatobiliary Surgery	-	-	-	-
	ICU	-	8	7	15
	Infectious Diseases	27	4	5	36
	Medical Oncology	-	-	-	-
	Medicine	72	54	29	155
	Microbiology	-	2	-	2
	Neonatal Intensive Care	4	8	2	14
	Neurology	2	8	10	20
	Neurophysiology	-	-	-	-
	Neurosurgery	78	87	101	266
	Obstetrics and Gynae	129	121	91	341
	Oncology	61	35	17	113
	Ophthalmology	12	7	1	20
	Oral and Maxillofacial surgery	37	26	30	93
	Orthogeriatrics	-	-	4	4
	Orthopaedic and Trauma Surgery	317	264	246	827
	Paediatric Allergy	-	-	-	-
	Paediatric Endocrinology	-	-	-	-
	Paediatric Intensive Care	-	1	-	1
	Paediatric Surgery	3	2	6	11
	Paediatrics	39	37	12	88
	Palliative Medicine	-	9	10	19
	Plastic Surgery	5	-	1	6
	Psychiatry – PICU	4	5	1	10
	Rehabilitation Medicine	3	-	2	5
	Renal Medicine	49	11	-	60
	Renal Transplant Surgery	2	3	-	5
	Respiratory Medicine	1	1	1	3
	Specialty Medicine	-	-	-	-
	Specialty Paediatrics	-	22	-	22
	Spinal Injuries	-	2	-	2
	Transplant Surgery	24	16	-	40
	Upper GI	5	6	4	15
	Urology	3	10	22	35
	Vascular Surgery	22	19	16	57
	Blank	-	-	16	16
Reason	Annual Leave	2	1	-	3
	Compassionate/special leave	1	3	9	13
	Exempt from On Calls	2	-	3	5
	Extra Cover	148	133	125	406
	Other	60	38	20	118
	Paternity Leave	1	9	-	10
	Pregnancy/Maternity Leave	-	2	-	2
	Sick	101	84	59	244
	Study Leave	4	2	12	18
	Vacancy	1175	1097	1095	3367
	Clinical Support Services	19	40	28	87
	Medicine Rehabilitation and Cardiac	477	450	501	1428

Neurosciences Orthopaedics Trauma Specialist Surgery Children's and Neonatal	535	478	437	1450
Not Mapped	143	124	115	382
Surgery, Women's and Oncology	320	277	242	839

5.2. The total use of locums (as measured by shifts) has increased from 3497(Q3) to 4186(Q4).

5.3. 'Vacancy' continues to account for about 80% of locum shifts.

5.4. As documented through the locum usage report, the number of trainee vacancies has increased by about 18% and is proportional to the increase in locum usage.

## 6. Work Schedule Reviews

6.1. No work schedule reviews were required in this quarter.

## 7. Vacancies

7.1. There is no central collation of trainee vacancy data. The management of vacancies is largely devolved to a number of individuals within departments.

## 8. Fines

8.1. Two breaches of the working time regulation relating to 'a breach of the maximum 72-hour limit in any seven day' were submitted in this quarter.

8.2. One of these 72 hour breaches (Churchill / Urology / F1) has been investigated, agreed and a fine levied against the department via medical staffing. The amount of the fine will be about £120

8.3. Information relating to the second 72 hour breach has been requested from the affected trainee, thus far the trainee has responded to say they made the report for information only, documented their immediate concern (also via Datix), but has stated that they do not intend to pursue additional payment or a fine and have yet to provide details to allow calculation of a fine.

8.4. It is import to again note that The exception reporting software does offer trainees the option to explicitly notify the guardian of potential working time regulation breaches, but only those related to:

- No more than 72 hours' actual work should be rostered for or undertaken by any doctor, working on any working pattern, in any period of seven consecutive calendar days
- At least 11 hours' continuous rest between rostered shifts.

8.5. There is no explicit mechanism within the exception reporting software for trainees to notify the guardian of potential breaches relating to:

- No doctor should be rostered for more than an average of 48 hours of actual work per week, as calculated over the reference period defined in the Regulations.
- Where a concern is raised that breaks have been missed on at least 25% of occasions across a four week reference period, and the concern is validated and shown to be correct, the guardian of safe working hours will levy a fine at

the rate of twice the relevant hourly rate for the time in which the break was not taken.

## 9. Qualitative Report

- 9.1. The Guardian met with representatives from the Care Quality Commission in January 2019 as part of the planned 'well led' visit.
- 9.2. The Guardian met with Foundation Trainees at the Horton General Hospital (HGH) in February to hear their concerns about safe working hours and has asked the trainees to use exception reporting when there is a difference between their scheduled and actual hours worked.
- 9.3. As a follow up to the meeting with HGH trainees, the Guardian was invited to attend the HGH clinical governance/consultant meeting in March. The consultants in attendance agreed that trainees should use exception reporting to document their actual hours; they could not foresee any barriers to exception reporting at HGH.
- 9.4. The Guardian of Safe Working Hours, the Freedom to Speak Up Guardians and the Director of Medical Education are keen to work collaboratively via yet to be agreed terms of reference.
- 9.5. Locum data continues to demonstrate that the main reason given for locum usage is vacant posts
- 9.6. In March the Guardian chaired a meeting of the Junior Doctors Forum (JDF). The main concern raised by trainees related to the timely management of trainee vacancies; whilst trainees recognise that vacancies are a national challenge for which there isn't an apparent solution, they did raise concerns about local processes to manage the gaps, especially 'last minute' ad hoc solutions when there has been a good period of notice.
- 9.7. The General Medical Council's Regional Liaison Adviser, attended the JDF to provide an update on the role.
- 9.8. Whilst the effect of trainee vacancies on individual trainees might be detected via exception reporting, there is not a mechanism to detect the effect on safe medical staffing levels.
- 9.9. The Director of Strategy has contacted the members of the JDF to invite their involvement in the OUH strategy refresh.
- 9.10. The interim Director of Clinical Services has invited the Guardian to the Workforce Committee with the purpose of improving the availability and flow of data between the Trust and Guardian.
- 9.11. Organisational oversight relating to the Junior Doctor workforce would be improved if the associated data was readily available, the challenge is partly national.

## 10. Recommendation

- 10.1. The Board is asked to receive this Quality Report as information provided from within the organisation on the measures being taken in relation to quality assurance and improvement.

**Professor Meghana Pandit**

**Chief Medical Officer**

Paper prepared by: Dr Robert Stuart, Guardian of Safe Working Hours - April 2019