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<th>Title</th>
<th>Safe Working Hours, Doctors and Dentists in Training: 2018 - 2019 Quarter 4</th>
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<tr>
<td>Status</td>
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</tr>
<tr>
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<td>Board Lead(s)</td>
<td>Meghana Pandit, Chief Medical Officer</td>
</tr>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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Executive Summary

1. This paper provides the quarterly update to Trust Board on Safe Working Hours for OUH Junior Doctors.


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) |
| - Foundation year 1 | 86 |
| - Foundation year 2 | 112 |
| - Core Trainees (medical + surgical) | 112 |
| - General Practice | 49 |
| 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

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<tr>
<th>Reports</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
</tr>
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<td>Grand Total</td>
<td>39</td>
<td>42</td>
<td>34</td>
<td>115</td>
</tr>
<tr>
<td>Closed</td>
<td>36</td>
<td>38</td>
<td>30</td>
<td>104</td>
</tr>
<tr>
<td>Open</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>11</td>
</tr>
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</table>

The data below relates to the 104 closed exception reports only

<p>| Individual doctors / specialties reporting | Doctors | 14 | 15 | 15 | 31 |
| Specialties | 8 | 8 | 7 | 12 |
| Immediate concern | 1 | 1 | - | 2 |
| Nature of exception | Hours &amp; Rest | 35 | 36 | 29 | 100 |
| Education | 2 | 3 | 2 | 7 |
| Additional hours | Hours (plain time) | 39.2 | 60 | 50.5 | 149.7 |</p>
<table>
<thead>
<tr>
<th>Exception type (more than one type of exception can be submitted per exception report)</th>
<th>Grade</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late finish</td>
<td>F1</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Unable to achieve breaks</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Difference in work pattern</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Early start</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Unable to attend teaching/training</td>
<td>35</td>
<td>26</td>
</tr>
<tr>
<td>&gt;72 hours work in 7 days</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Inadequate clinical exposure/experience</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Teaching cancelled</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unable to attend clinic/theatre/session</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Specialty</td>
<td>F2</td>
<td>General Medicine</td>
</tr>
<tr>
<td></td>
<td>Str</td>
<td>Paediatric Surgery</td>
</tr>
<tr>
<td></td>
<td>GPVTS</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td></td>
<td>CMT</td>
<td>Obstetrics and gynaecology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anaesthetics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Palliative Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Otolaryngology (ENT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardio-thoracic Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopaedic surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paediatrics</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Specialty</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
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<tr>
<td>Acute Medicine</td>
<td>85</td>
<td>78</td>
<td>81</td>
<td>244</td>
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<tr>
<td>Acute care and common stem</td>
<td>-</td>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Allergy</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ambulatory Care</td>
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<td>4</td>
<td>2</td>
<td>-6</td>
</tr>
<tr>
<td>Anaesthetics</td>
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<td>22</td>
<td>15</td>
<td>41</td>
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<tr>
<td>Anaesthetics and Critical Care</td>
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<td>9</td>
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<td>30</td>
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<tr>
<td>Anaesthetics and Cardiac</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
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<tr>
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<td>Cardiology</td>
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<td>Vacancy</td>
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<td>1097</td>
<td>1095</td>
<td>3367</td>
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</tbody>
</table>

TME2019.49 Safe Working Hours, Doctors and Dentists in Training: 2018 - 2019 Quarter 4
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
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