Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 13 November 2019

TB2019.114

Title	**Guardian of Safe Working Hours Quarterly Report 2019-20 – Quarter 2 – July - September**

Status	For information
History	Quarterly update

Board Lead(s)	**Professor Meghana Pandit, Chief Medical Officer**			
Key purpose	Strategy	**Assurance**	Policy	Performance

Executive Summary

1. This report provides the Trust Board with quantitative data around safe working hours for OUH Junior Doctors for 2019-20 Quarter 2. This is the first report since contract amendment was made by the Joint Negotiating Committee (Juniors) following agreement with all constituent parties.

2. The report details the numbers and types of Exception Reports made by Junior Doctors in Quarter 2 along with the specialties in which they work. The information shows that the majority of exception reports were made due to 'late finish'.

3. The report also provides data on the number of locum shifts filled in the quarter, detailing the specialty, Division and the reason for the locum, with 'vacancy' representing the need for around 90% of shifts.

4. This report highlights a need to locally define the structure, mandate, terms of reference, and procedures that are vital in the Trust's ability to provide nationally mandated assurance in matters relating to safe working hours for doctors in training.

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: 2019 Q2

1. This Quarterly Report on Safe Working Hours for doctors in training (Q2: Jul-Sep.2019) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Junior Doctors.

   1.1. The guardian reports to the Board of the employer, directly or through a committee of the Board; the Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the JLNC, or equivalent. It will include data on all rota gaps on all shifts.

   1.2. In June 2019, NHS Employers and the BMA jointly published 'Framework agreement: Amendments to 2016 junior doctors contract'. The contract amendments are scheduled to be implemented by October 2010. This will include contractualisation of the previously published 'Good rostering guidance' and 'Code of practice'.

2. **Quantative Report**

   2.1. **High level data – Table 1**

Number of doctors in training (approx. total):	915
Number of doctors in training (WTE):	732
Number of junior doctor rosters (approx.):	178
Number of doctors in training on the new contract (approx. total)	895
• Foundation year 1	85
• Foundation year 2	128
• Core Trainees (medical + surgical)	83
• General Practice	48
• Specialty Trainees	571
Job planned time for guardian	8 hours / week
Job planned time for educational supervisors	1 hour / junior doctor / week

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

   2.2. **Data management**

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

   2.2.2. 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.

   2.2.3. Beyond the high level data provided in table 1, the data below is provided with very little context relating to trainees work schedules or the departments they work in

   2.2.4. For the reasons described above it is not possible to use these data to make robust comparisons between the various stakeholders.

2.3. Exception reports (with regard to working hours) – Table 2

Summary of OUH exception reports: Jul/Aug/Sep.2019					
		Jul	Aug	Sep	**Total**
Reports	Grand Total	20	31	93	**144**
	Closed	20	23	58	**101**
	Open	-	8	35	**43**
The data below relates to the 101 closed exception reports only					
Individual doctors / specialties reporting	Doctors	11	14	30	**46**
	Specialties	7	8	13	**16**
Immediate concern		1	-	-	**1**
Nature of exception	Education	-	4	10	**14**
	Hours & Rest	20	19	48	**87**
Additional hours *('Hours & Rest' exception reports only)*	Hours (plain time)	33.3	26.3	70.4	**129.9**
	Hours (night time)	28.6	1.0	30.5	**60.1**
	Total hours	61.8	27.3	100.9	**189.9**
	Hours per exception report	3.1	1.4	2.1	**2.2**
Response	Agreed	20	23	58	**101**
	Not Agreed	-	-	-	**-**
Agreed Action *('No action required' is the default action for 'education' exceptions)*	Payment for additional hours	14	12	19	**45**
	Time off in lieu	4	6	25	**35**
	No action required	2	5	14	**21**
Grade	StR	17	4	12	**33**
	F1	2	9	20	**31**
	F2	1	6	23	**30**
	GPVTS	-	4	3	**7**
Exception type *(more than one type of exception can be submitted per exception report)*	Late finish	8	15	35	**58**
	Difference in work pattern	13	2	8	**23**
	Unable to achieve breaks	4	4	15	**23**
	Unable to attend scheduled training	-	3	10	**13**
	Early start	-	-	5	**5**
	Minimum rest reduced to less than 8 hours	-	-	1	**1**
	Unable to attend clinic/theatre/session	-	1	-	**1**
Specialty	Paediatric Surgery	10	1	8	**19**
	General Medicine	-	7	11	**18**
	General Surgery	2	4	10	**16**
	Infectious diseases	-	-	7	**7**
	Palliative Care	-	4	3	**7**
	Paediatrics	1	-	5	**6**
	Accident and emergency	1	1	3	**5**
	Traumatic and Orthopaedic Surgery	-	3	2	**5**
	Cardio-vascular disease	3	-	1	**4**
	Anaesthetics	2	1	-	**3**
	Medical Oncology	-	-	3	**3**
	Cardio-thoracic Surgery	-		2	**2**
	Obstetrics and gynaecology	-	2	-	**2**
	Otolaryngology (ENT)	-	-	2	**2**
	Public Health	1	-	-	**1**

	Respiratory medicine	-	-	1	**1**

2.3.1. The number of exception reports has increased from 122(Q1) to 144 (Q2).

2.3.2. One immediate concern was reported in this quarter. The concern related to lack of medical cover on a General Surgery night shift. The trainee escalated their concern to the consultant on call and the affected nursing team, a Datix report was also submitted.

2.3.3. A breach of the '*minimum 11 hours' rest requirement between shifts has been reduced to fewer than eight hours'* rule was reported. The trainee has been asked for additional information to evaluate this breach, if the breach is confirmed a fine will be levied.

2.3.4. Whilst the absolute number of exception reports relating to missed educational opportunities remains low, the proportion of such reports appears to have significantly increased (approximately four fold). There is no apparent correlation with any specialty.

2.4. **Locum bookings / Locum work carried out by junior doctors – Table 3**

Summary of OUH Locum Filled Shifts: Jul/Aug/Sep.2019					
		Jul	Aug	Sep	**Total**
Locum Shifts	Total	1477	1118	752	**3347**
	Agency	846	812	383	**2041**
	Bank	631	606	399	**1636**
Grade	Specialty	678	594	338	**1610**
	Core	652	470	380	**1502**
	Foundation	127	47	34	**208**
	Unassigned	20	7	-	**27**
Specialty	Orthopaedic and Trauma Surgery	341	334	256	**931**
	Emergency Medicine	182	162	140	**484**
	Acute Medicine	79	116	39	**234**
	Neurosurgery	117	58	25	**200**
	Obstetrics and Gynaecology	131	49	18	**198**
	Cardiothoracic Medicine	100	51	30	**181**
	Cardiothoracic Surgery	97	56	27	**180**
	General Surgery	60	52	44	**156**
	Medicine	33	36	38	**107**
	Oral and Maxillofacial surgery	30	18	18	**66**
	Paediatric Surgery	22	14	20	**56**
	Care of the Elderly	24	23	6	**53**
	Gastroenterology	33	6	12	**51**
	Anaesthetics	20	12	15	**47**
	ENT	23	19	5	**47**
	Palliative Medicine	20	14	9	**43**
	Urology	28	10	1	**39**
	Oncology	15	5	13	**33**
	Paediatrics	16	8	5	**29**
	Vascular Surgery	19	7	3	**29**

	Blank	20	7	-	**27**
	Neonatal Intensive Care	10	-	3	**13**
	Plastic Surgery	4	9	-	**13**
	Anaesthetics and Critical Care	6	6	-	**12**
	Neurology	1	6	5	**12**
	Respiratory/Chest Medicine	3	7	1	**11**
	Transplant Surgery	8	3	-	**11**
	Anaesthetics and Cardiac	-	6	4	**10**
	Haematology	7	2	-	**9**
	Colorectal Surgery	2	5	1	**8**
	Microbiology	2	6	-	**8**
	Dermatology	7	-	-	**7**
	Renal Medicine	5	2	-	**7**
	ICU	4	2	-	**6**
	Neurophysiology	-	-	6	**6**
	Endocrine Surgery	3	2	-	**5**
	Paediatric Cardiology	-	4	-	**4**
	Biochemistry	-	1	2	**3**
	Cardiology	-	-	2	**2**
	Hepatobiliary Surgery	-	-	2	**2**
	Infectious Diseases	-	-	2	**2**
	Paediatric Intensive Care	2	-	-	**2**
	Upper GI	2	-	-	**2**
	Ophthalmology	1	-	-	**1**
	Ambulatory Care	-	-	-	**0**
	Community Paediatrics	-	-	-	**0**
	Endocrinology and Diabetes	-	-	-	**0**
	Genitourinary Medicine	-	-	-	**0**
	Orthogeriatrics	-	-	-	**0**
	Paediatric Neurosurgery	-	-	-	**0**
	Psychiatry – PICU	-	-	-	**0**
	Rehabilitation Medicine	-	-	-	**0**
	Renal Transplant Surgery	-	-	-	**0**
Reason	Vacancy	1314	1019	673	**3006**
	Sick	40	32	25	**97**
	Extra Cover	55	25	11	**91**
	Other	15	34	24	**73**
	Paternity Leave	32	-	7	**39**
	Pregnancy/Maternity Leave	8	4	7	**19**
	Annual Leave	4	3	-	**7**
	Study Leave	4	-	3	**7**
	Compassionate/special leave	5	1	-	**6**
	Exempt from On Calls	-	-	2	**2**
Division	Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children's & Neonatal	587	480	346	**1413**
	Medicine, Rehabilitation & Cardiac	426	406	259	**1091**

	Surgery, Women's and Oncology	320	136	91	**547**
	Not Mapped	112	75	41	**228**
	Clinical Support Services	32	21	15	**68**

2.4.1. The total use of locums (as measured by shifts) has decreased from 4186(Q1) to 3347(Q2).

2.4.2. 'Vacancy' accounts for about 90% of locum shifts.

2.5. **Work Schedule Reviews**

2.5.1. In vascular surgery an audit carried out by specialty trainees of non-resident on call activity demonstrated consistent variance between the rostered and actual hours worked. An agreed new rota now with resident on call shifts is due to be implemented early in 2020. An interim rota is currently in place.

2.5.2. Exception reports relating to non-resident on call shifts in paediatric surgery (specialty training) are currently being evaluated.

2.6. **Vacancies**

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

2.7. **Fines**

2.7.1. No fines were levied in this quarter

3. **Qualitative Report**

3.1. **Amendments to 2016 junior doctors contract.**

3.1.1. The published amendments have provided clarity relating to activities defined as work and consequently will affect both work scheduling and exception reporting.

3.1.2. Given the significance of the contract changes and the number of stakeholders, the Guardian would recommend that the process of implementing these changes is managed in a similar way to the process used when the new contract was implemented in 2016.

3.2. **Rostering governance**

3.2.1. The Guardian presented a paper 'Doctors in Training: Rostering Reporting Process' to the workforce committee in August with the following recommendation: A trust-wide reporting process to enable OUH to meet reporting requirements relating to the rostering of Doctors in training should be developed and agreed via the workforce committee. The process should be described in the following terms:

- Reporting responsibilities for each stakeholder group
- Data to be collected
- Data flow

3.3. **Communication with junior doctors**

3.3.1. The ability of the Guardian to discharge duties relating to the junior doctor contract is to a certain degree dependent on communication with junior doctors and the associated stakeholder group.

3.3.2. Junior doctor communication (the whole group, defined sub-groups and associated stakeholder groups) is dependent on individuals and their personally held circulation lists. These variable, person dependent processes compromise the Guardians (and by inference, others) ability to communicate with any degree of speed, penetration or precision.

3.3.3. The expected introduction of a smart phone based communication process to replace pagers/bleeps presents an opportunity to establish a robust taxonomic classification of junior doctors in terms of their roles and relationships.

3.4. **Assurance**

3.4.1. It is the belief of the Guardian that issues of compliance with safe working hours are addressed at OUH in a way that is commensurate with peer organisations.

3.4.2. There are both national and local challenges relating to the processes that provide intelligence for this report. Within OUH there are a number of individuals with associated person dependent processes and varying degrees of responsibility for providing this intelligence. The ability of this report to provide assurance to the board is of course dependent on the quality of intelligence feeding into this report.

3.4.3. Local governance processes associated with this matter, need to be of a standard not just to provide assurance to the Trust Board, but additionally to stand up to scrutiny by external bodies such as the CQC and GMC. The Guardian recommends that there should be agreed Trust-wide governance processes in place to meet expected standards.

4. Recommendation

4.1. 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.