

Trust Board Meeting in Public: Wednesday 13 May 2020

TB2020.44

<b>Title</b>	<b>Guardian of Safe Working Hours Quarterly Report 2019-20 – Quarter 4: January-March</b>
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<b>Status</b>	For information
<b>History</b>	Quarterly update

<b>Board Lead(s)</b>	<b>Professor Meghana Pandit, Chief Medical Officer</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	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 4.
2. The COVID-19 pandemic arrived during this quarter.
3. The report details the numbers and types of Exception Reports made by Junior Doctors in Quarter 4 along with the specialties in which they work. Following the contract amendments, there appears to be a consequent change in exception reporting.
4. 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 80% of locum shifts.
5. Again, 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**

6. The Board is asked to receive this report as information provided from within the organisation on the measures being taken in relation to quality assurance and improvement.
7. The Trust Board is asked to note the recommendation that Divisional Directors, supported by the Guardian of Safe Working Hours, the Chief People Officer and the Chief Medical Officer, identify how and where their leadership can contribute to the collective organisational responsibility to address issues of compliance with Safe Working Hours.

## Safe Working Hours, Doctors and Dentists in Training: 2019-20 Q4

### 1. Purpose

1.1. This Quarterly Report on Safe Working Hours for doctors in training (Q4: Jan-Mar.2020) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Doctors in Training (also referred to as 'Trainees' and 'Junior Doctors').

### 2. Background

2.1. The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 state:

- The guardian reports to the Board of the employer (and host organisation, if appropriate), directly or through a committee of the Board, as follows:
- 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.
- A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Trust Chief Executive. This report shall also be provided to the JLNC, or equivalent.
- Where the guardian has escalated a serious issue in line with Terms and Conditions paragraph 10(d) and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
- The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

2.2. There may be circumstances where the guardian identifies that certain posts have issues that cannot be remedied locally, and require a system-wide solution. Where such issues are identified, the guardian shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g. Health Education England, NHS England, NHS Improvement) to find a solution.

### 3. Quantitative Data

#### 3.1. High level data – Table 1

Number of OUH employees (approx. total)	12,000
Number of OUH doctors (approx. total)	1,800
<b>Number of doctors in training</b>	<b>915</b>
Number of doctors in training (WTE)	732
Number of junior doctor rosters	178
<b>Number of doctors in training on the new contract</b>	<b>895</b>
• 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	

#### 3.2. Data Management

- 3.2.1. As previously reported, the collection and reporting of data relating to the junior doctor workforce continues to be a challenge both locally and nationally.
- 3.2.2. 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 (exception reports, rotas, locum usage data) and depend on subjective reporting. Despite support from a number of sources, regional guardians have identified that an IT solution to this challenge is not available.
- 3.2.3. Beyond the high level data provided in table 1, the data in Appendix 1 is provided with very little context relating to trainees work schedules or the departments they work in.
- 3.2.4. For the reasons described above it is not possible to use these data to make robust comparisons between the various stakeholders.

#### 3.3. Exception reports (with regard to working hours)

- 3.3.1. A summary of the exception reports received in Quarter 4 (Jan – March 2020) is attached as Appendix 1.
- 3.3.2. The number of exception reports has fallen from 144(Q2) to 112 (Q3) and appeared to completely stop after 10 March 2020. Whilst this coincides with the arrival of Covid-19 and a temporary amendment to the TCS for junior doctors, the process of exception reporting remains available.
- 3.3.3. Six immediate concerns were reported in this quarter by six different trainees working on six different rotas; other than additional hours of work, there were no common themes within these reports.
- 3.3.4. There was an increase in 'Hours & Rest' exception reports associated with a possible fine in this quarter (9 compared to a quarterly average of 2), this coincides with, and can be accounted for by the 2019/20 contract updates.

3.3.5. The proportion of 'Education' exception reports relating to missed educational opportunities has increased since the 2019/20 contract updates (29% compared to a quarterly average of 9%).

### **3.4. Locum bookings / Locum work carried out by junior doctors**

3.4.1. A table detailing the locum bookings/locum work (as measured by shifts) carried out in Quarter 4 is attached as Appendix 2.

3.4.2. The total use of locums (as measured by shifts) has not continued to fall, but has increased by 38% from 2361(Q3) to 3273(Q4) however the number of bank filled shifts far outweighs the number of agency filled shifts.

3.4.3. 'Vacancy' accounts for about 70% of locum shifts.

### **3.5. Work Schedule Reviews**

3.5.1. The Guardian has requested an update relating to the work schedule review in paediatric surgery; especially as the 2019/20 contract updates are more stringent with respect to non-resident on call shifts. An update will be included in a future report once the review has taken place.

### **3.6. Rota Gaps / Vacancies**

3.6.1. Contractually this report; 'will include data on all rota gaps on all shifts'

3.6.2. There is no central collation of trainee vacancy data. The management of vacancies is largely devolved to a number of individuals who are responsible for managing the 178 junior doctor rotas.

### **3.7. Fines**

3.7.1. No fines were levied in this quarter.

3.7.2. Nine exception reports are being assessed for a possible fine.

## **4. Qualitative report**

### **4.1. Amendments to 2016 junior doctors' contract.**

4.1.1. There appears to be an association between the updated "Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016" and a change in exception reporting; more reports associated with a fine and more reports associated with missed training opportunities.

4.1.2. It is the opinion of the Guardian that the additional clarity relating to work scheduling provided by the amended contract has reduced the flexibility and buffering associated with the threshold to submit exception reports; i.e. there is little evidence to suggest the changes in exception reporting is related to an actual change in work, but rather a change in the regulatory framework.

4.1.3. Whilst the contract amendments have been recognised at an organisational level, the amendments also need to be reflected within individual work schedules so that they now accommodate adequate flexibility and buffering to facilitate safe working hours.

4.1.4. The contract amendments provide the Trust with an opportunity to make the process of exception reporting more efficient. This opportunity was highlighted by the Guardian to the workforce committee in 2019.

## **4.2. Assurance**

4.2.1. As a result of intelligence from both national and regional guardian meetings, it is reported that issues of compliance with safe working hours are addressed at OUH in a way that is commensurate with peer organisations.

4.2.2. It is recommended that Divisional Directors, supported by the Guardian of Safe Working Hours, the Chief People Officer and the Chief Medical Officer identify how and where their leadership can contribute to the collective organisational responsibility to address issues of compliance with Safe Working Hours.

## **5. Recommendation**

5.1. The Trust 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.

5.2. The Trust Board is asked to note the recommendation that Divisional Directors, supported by the Guardian of Safe Working Hours, the Chief People Officer and the Chief Medical Officer, identify how and where their leadership can contribute to the collective organisational responsibility to address issues of compliance with Safe Working Hours.

Summary of OUH exception reports: Jan/Feb/Mar.2020					
		Jan	Feb	Mar	Total
Reports	Grand Total	33	25	5	63
	Closed	31	25	5	61
	Open	2	-	-	2
<i>The data below relates to the 61 closed exception reports only</i>					
Individual doctors / specialties	Doctors	21	13	5	34
	Specialties	12	8	4	16
Immediate concern		3	3	-	6
Nature of exception	Education	7	6	1	14
	Hours & Rest	25	20	4	49
Additional hours ( <i>'Hours &amp; Rest'</i> exception reports only)	Hours (plain time)	57.3	37.5	8.8	103.5
	Hours (night time)	20.0	14.0	10.0	44.0
	Total hours	77.3	51.5	18.8	147.5
	Hours per exception report	2.5	2.1	3.8	2.4
Response	Agreed	29	25	5	59
	Not Agreed	2	-	-	2
Agreed Action ( <i>'No action required'</i> is the default action for <i>'education'</i> exceptions)	Payment for additional hours	16	13	4	33
	Time off in lieu	7	7	-	14
	No action required	6	5	1	12
Grade	F2	14	12	-	26
	F1	10	8	1	19
	StR	6	5	4	15
	CMT	1	-	-	1
Exception type ( <i>more than one type of exception can be submitted per exception report</i> )	Late finish	19	19	2	40
	Unable to achieve breaks	10	6	1	17
	Unable to attend scheduled teaching/training	6	6	1	13
	Difference in work pattern	6	1	2	9
	< 5 hours continuous rest (22:00- 07:00 NROC)	3	1	1	5
	Early start	2	1	-	3
	Exceeded the maximum 13-hour shift length	-	3	-	3
	< 8 hours total rest per 24-hour NROC shift	1	1	1	3
	72 hours work in 168 hours	1	-	-	1
< 11 hours rest between resident shifts	-	1	-	1	
Specialty	General Medicine	6	5	1	12
	General Surgery	4	5	1	10
	Traumatic and Orthopaedic Surgery	2	8	-	10
	Paediatric Surgery	3	1	2	6
	Otolaryngology (ENT)	4	-	-	4
	Medical Oncology	3	-	-	3
	Obstetrics and gynaecology	2	1	-	3
	Accident and emergency	2	-	-	2
	Cardio-vascular disease	-	2	-	2
	Neonatal medicine	-	2	-	2
	Neurosurgery	2	-	-	2
	Anaesthetics	-	-	1	1
	Cardiology	-	1	-	1
	Infectious diseases	1	-	-	1
	Ophthalmology	1	-	-	1
	Paediatrics	1	-	-	1

<b>Summary of OUH Locum Filled Shifts: Jan/Feb/Mar.2020</b>					
		Jan	Feb	Mar	Total
Locum Shifts	Total	1097	999	1177	<b>3273</b>
	Bank	647	635	790	<b>2072</b>
	Agency	450	364	387	<b>1201</b>
Grade	Core	532	506	614	<b>1652</b>
	Specialty	498	415	434	<b>1347</b>
	Foundation Years 1 + 2	34	35	82	<b>151</b>
	Unassigned	33	43	47	<b>123</b>
Specialty (top 20 specialties only)	Orthopaedic and Trauma Surgery	267	212	258	<b>737</b>
	Emergency Medicine	147	161	188	<b>496</b>
	General Surgery	46	56	87	<b>189</b>
	Acute Medicine	61	36	83	<b>180</b>
	Neurosurgery	43	59	47	<b>149</b>
	Medicine	37	35	62	<b>134</b>
	Blank	33	43	47	<b>123</b>
	Cardiothoracic Medicine	54	33	35	<b>122</b>
	Obstetrics and Gynaecology	38	48	28	<b>114</b>
	Care of the Elderly	58	16	37	<b>111</b>
	Palliative Medicine	38	16	27	<b>81</b>
	Cardiothoracic Surgery	21	22	30	<b>73</b>
	Oncology	18	29	24	<b>71</b>
	Oral and Maxillofacial surgery	32	20	10	<b>62</b>
	Genitourinary Medicine	21	19	21	<b>61</b>
	ENT	14	16	29	<b>59</b>
	Cardiology	33	14	2	<b>49</b>
	Haematology	2	25	18	<b>45</b>
	Transplant Surgery	23	10	5	<b>38</b>
	Gastroenterology	1	24	11	<b>36</b>
Reason	Vacancy	769	723	793	<b>2285</b>
	Sick	95	62	191	<b>348</b>
	Extra Cover	97	117	106	<b>320</b>
	Other	54	62	49	<b>165</b>
	Pregnancy/Maternity Leave	43	17	9	<b>69</b>
	Study Leave	24	11	2	<b>37</b>
	Paternity Leave	3	-	25	<b>28</b>
	Annual Leave	11	-	-	<b>11</b>
	Compassionate/special leave	-	3	2	<b>5</b>
	Exempt from On Calls	1	4	-	<b>5</b>
Division	Neurosciences Orthopaedics Trauma Specialist Surgery	423	336	426	<b>1185</b>
	Children's and Neonatal				
	Medicine Rehabilitation and Cardiac	401	344	431	<b>1176</b>
	Surgery, Women's and Oncology	161	216	212	<b>589</b>
	Not Mapped	86	72	71	<b>229</b>
	Clinical Support Services	26	31	37	<b>94</b>