

NLG(18)048

DATE OF MEETING	27 th February 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Bryony Simpson Guardian of Safe Working Hours
CONTACT OFFICER	Jane Heaton
SUBJECT	Quarterly Report
BACKGROUND DOCUMENT (IF ANY)	
PURPOSE OF THE PAPER:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>The Quarterly report November 2017 to February 2018 details the update on the Exception reporting system which is a part of the 2016 contract TCS for Junior doctors. It contains information regarding staffing, Trainee fill rates, vacancies and use of locums. It examines issues arising from the Exception reporting system and possible developments.</p> <p>Overall there is evidence of many working over and above their scheduled hours in a professional manner. Thanks goes to those who have submitted ERs and taken the time to describe the situations that gave rise to them.</p> <ol style="list-style-type: none"> 1. The Board are asked to read and note the quarterly report from the Guardian of Safe Working Hours. 2. The Board needs to decide whether they wish to offer the same conditions to Trust Doctors as those offered to Junior Doctors by the 2016 contract. 3. The Board are asked to support robustly the encouragement of clinical directors, directorate managers and educational supervisors to be aware of, and fulfil their responsibilities within the new contract. 4. The Board are asked to promulgate positive messages regarding the 2016 contract and the importance of the ER system as a tool to improve safety and training.

HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	YES
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	YES
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	The 2016 contract is mandatory
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	2016 TCS
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS	YES

PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	
ACTION REQUIRED BY THE BOARD	The Board is asked to note the update regarding the implementation of the 2016 contract and the obstacles encountered together with recommendations for future action.

Board of Directors

Guardian of Safe Working Report

Q4 report November 2017 to January 2018

1. Introduction and background

This is the quarterly report concerning the progress of the implementation of the 2016 Junior Doctor Contract by the Guardian of safe working hours, including the Exception Reporting system for the quarter October 2017 to February 2018.

Most Junior Doctors of all grades are now on the TCS of the 2016 contract which aims to prevent the working of excessive and potentially unsafe hours.

The Guardian is not part of the management structure and aims to represent and resolve issues related to working hours for the junior doctors. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Board receives a quarterly report from the Guardian, which includes:

- Aggregated data on exception reports, broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on rota gaps / staff vacancies/locum usage
- Qualitative narrative highlighting areas of good practice and / or persistent concern.

Work scheduling –junior doctors and employers are required to complete work schedules for the doctors in training. This begins as a generic schedule setting out the hours of work, the working pattern, the service commitments and the training opportunities available during the post or placement.

This work schedule should be developed by the College Tutors and offered to the trainees **before** they begin their

placement in order that they can meet with their Educational Supervisor and discuss their individual training needs and how they will be factored into their timetable. This enables a personalisation of the schedule and ensures that Trainees can meet their training and development requirements and receive a quality experience that they can recommend to others. Trainee Doctors must complete their Portfolios and pass their ARCP (Annual Review of Competency Progression) to move on to the next stage of training.

The duty roster should also be provided at least six weeks in advance of the doctor starting in post.

NL&GFT aims to improve its performance and in response to the failings of the August Recruitment process a meeting was called by Jane Heaton, assistant to the Medical Director, with attendees from Medial Staffing, Recruitment, Medical Education and the Guardian. An action plan was agreed to improve the recruitment and induction process.

Exception Reporting – Exception Reporting continues to yield useful information about conditions on the frontline for trainees. Combined with the JDF SWH this information has led to improvements in care and behaviours. The Guardian and BMA representatives continue to stress that Exception Reporting is a positive tool highlighting areas of concern that can be addressed and improved.

2. Guardian of Safe Working Report

Implementing the Role

The Guardian continues to be contracted for 1 PA per week (4 hours) and in this time covers NL&GFT and Navigo Mental Health Trust.

The table below shows the number of trainee posts available and filled by Health Education Yorkshire and the Humber. Some of the vacancies have been filled by the Trust.

	SGH		DPOW	
Grade	Posts	Filled by trainees	Posts	Filled by trainees
F1	24	18	24	17
F2	27	16	23	17
GPVTS	10	8	11	9

CT 1/2	20	5	20	6
ST 1/2	38	8	38	5
TRUSTGRADES	17	0	14	0

Currently Trust grades are not covered by the 2016 contract although Trusts across England are starting to include them anyway in a spirit of equal opportunities and TCS. This decision has not been made in NL&GFT and so Trust Grade Doctors sit outside of the 2016 Contract and the Exception Reporting system.

The Board will want to decide whether this is to continue or whether they wish to offer the same conditions to Trust Doctors.

Challenges

Engagement

Engagement with the Junior Doctors has largely taken the form of the regular meetings of the Safe Working Hours - Junior Doctors Forum (SWHJDF). Attendance at the Forum is good and representatives from The LNC and DME and MD also attend. The Guardian has been supported by the BMA, Junior Doctor representatives from DPOW and SGH who liaise with their peers informing and encouraging them. An information and training package has been devised and delivered by the Guardian at Induction sessions and is available electronically. The Junior Doctor representatives regularly liaise with the Guardian regarding any ongoing issues and act as a bridge with the LNC.

The BMA regional representative attends the SWH JDF and is supportive offering advice and liaising with the national BMA. The LNC Chair or deputy has a place at the SWH JDF and receives the minutes of meetings and copies of Board reports.

Engagement with the Educational Supervisors (ES) and other Consultants initially presented a challenge but is steadily improving

There has however been a slight improvement in responses from Educational Supervisors since August and the situation was as follows at the end of the quarter:

Overdue Exception Reports = 36

Open Exception reports for Hours/Rest within timescale = 38

Open Exception Reports for Education = 0

Exception reports for Hours/Rest closed = 45

Exception Reports for education closed = 1

Total Closed = 46

For information the following relates to ERs logged on the system

Top Specialties

Row Labels	Count of Rota Name
Grimsby	34
Accident and emergency	4
General Medicine	20
General Practice	8
General Surgery	1
Traumatic and Orthopaedic Surgery	1
Scunthorpe	39
General Medicine	15
General Surgery	5
Obstetrics and gynaecology	7
Paediatrics	9
Traumatic and Orthopaedic Surgery	3
SGH	7
Traumatic and Orthopaedic Surgery	7
(blank)	
(blank)	
Grand Total	80

Top Rotas

Row Labels	Count of Rota_Specialty
13 F1 & F2 Gen Med	2
24 SGH ST3-8 T&O	3
SGH 20 F1 Gen Surg Live	3
1 Live DPOW F1 & F2	18
21 Live SGH ST1 / 2; Ct1/2	2
31 LIVE F1 SGH Rota	7
37 Live SGH Paediatric F1-St2	1
37 LTFT SGH Paediatric F1-St2	8
66 Live Central Surgery Barton	8
Accident & Emergency (F1-2; ST1-2)	4
DPOW 4 Ortho F1 live	1
F1 LIVE 3 DPOW 1 in 7	1
LIVE 9 SGH F1/F2	12
LIVE CT SGH 6	3
SGH ortho ST3 & above	7
(blank)	
Grand Total	80

Top Grades

Count of Rota_Specialty	Column Labels				Grand Total	
	Row Labels	Grimsby	Scunthorpe	SGH		(blank)
F1		22		22		44
F2		8				8
FStR (FT)				8		8
StR		4		9	7	20
(blank)						
Grand Total		34		39	7	80

Exception response time

Grade	within 48 hours	Within 7 days	longer than 7 days	Still open	total
F1	6	3	9	26	44
F2	0	0	5	3	8
FSTR	0	0	3	5	8
STR	8	2	1	9	20

Software System

The Trust uses a nationally procured system for medical staff rotas called the Doctors Rostering System 4 (DRS4), which is the system now used for exception reporting. Each junior doctor on the new contract has been given log in details and been registered on the system to submit an exception report as necessary. The Educational Supervisors have also been registered and set up on the system. This process must happen with each rotation. The Guardian has sight of all reports and responses.

There are concerns regarding the DRS4 system and its functionality for reporting. The Regional Guardians group have met with the authors of DRS4 and offered their feedback and changes are being made. The Guardian and Medical Staffing Manager have reviewed an alternative system called 'Allocate', favoured by some other Trusts but functionally and financially it is not seen to offer enough advantage to merit a change.

Workload

NLaG have allotted four hours per week to the Guardian Role to cover NLG and Navigo.

Currently the Guardian is assisted by admin from Post Graduate Education. The Medical Staffing Manager, Caroline Taylor has also been hugely supportive in introducing the new system, answering queries from users and devising and introducing an escalation process to aid the educational supervisors with the timescales for responding/authorising ER's.

The new contract does have workload implications for both educational supervisors and clinical supervisors when a trainee submits an exception report. The amount of time varies and is most onerous for those in Medicine and Surgery. However, for most Supervisors it is one or less per month although for a few Supervisors it has been one or two a week.

Junior Doctors Forum -Safe Working Hours

In Line with the requirements of the 2016 Contract the Guardian has established the Safe Working Hours- Junior Doctor Forum (SWHJDF); there is one forum across both hospital sites. To date the JDF SWH has met more often than required by the Contract to embed behaviours and address issues. From September 2017 the JDF SWH has reverted to quarterly meetings as specified in the Contract.

Terms of reference and membership have been agreed. Every effort has been made to widen the junior doctor membership of the Forum to encourage a more diverse representation across the Trust. Attendance is good at the Forum and represents all areas where Junior doctors are employed across the Trust.

The following issues were discussed at the last Junior Doctor Forum:

THEMES ARISING FROM ERS

- Staff shortages – medical and nursing
- Delayed rounds
- Unable to handover tasks – eg complicated investigation results
- Unforeseen pressures eg admitting pts to CC -volume of critically ill patients
- Sheer volume of work – particularly increased numbers of new patients
- D/Cs needed before the weekend
- Senior support not available until late in the day
- Difficulty getting off wards for breaks
- Whole teams staying late not just one Dr.
- Attending training on zero hours days
- Representative duties
- Sickness absence

Overall there is evidence of many working over and above their scheduled hours in a professional manner. Thanks goes to those who have submitted ERs and taken the time to describe the situations that gave rise to them.

An Action log of tasks arising from the SWH JDF is maintained and monitored by the Guardian.

Exception Reports and Fines.

The whole point of the exception reporting system is to allow employers to address issues and concerns as they arise, in real time, and to keep doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly then most reports should be responded to with TOIL as the spirit of the agreement is that JDs hours are not excessive during the course of a week and extra payments and fines kept to a minimum.

No fines were imposed during this quarter as there were no breaches of the four conditions specified in the 2016 contract.

Escalation

Although performance has improved over the past months we are still struggling to engage all Educational Supervisors (ES) in the process and are breaching our time targets for responding to the Exception Reports. In order to further address this issue and speed responses up a new Procedure has been written by Medical staffing and the BMA which enables the ERs to be sent to the Clinical Supervisors who are closer to the day to day issues and can respond more

quickly. This procedure has been agreed by the JDF SWH and is being uploaded to the JD APP.

Medical staffing managers continue to provide prompts and support to Supervisors to ensure that there is a response to ERs and also liaise with Rota Co-ordinators and Payroll to investigate and resolve issues raised by our Junior doctors.

Where there is a persistent problem the DME and then MD send reminders to Supervisors who do not respond to their trainees exception reports.

Count of Response	Column Labels				
	Row Labels	NA	No action required	Payment for additional hours	Time
Accident and emergency		1			3
Early start					1
Grimsby					1
Late finish		1			
Grimsby		1			
Late finish;Unable to achieve breaks					2
Grimsby					2
General Medicine		21	2		9
Early start;Late finish					1
Scunthorpe					1
Late finish		19	2		8
Grimsby		7	2		8
Scunthorpe		12			
Unable to achieve breaks		2			
Grimsby		2			
General Practice		7			1
Late finish		6			1
Grimsby		6			1
Unable to achieve breaks		1			
Grimsby		1			
General Surgery		3			1
Difference in work pattern		1			
Scunthorpe		1			

Late finish	2		1
Grimsby			1
Scunthorpe	2		
Obstetrics and gynaecology	4		
Late finish	3		
Scunthorpe	3		
Unable to achieve breaks	1		
Scunthorpe	1		
Paediatrics	5		4
Difference in work pattern	3		3
Scunthorpe	3		3
Late finish	2		
Scunthorpe	2		
Late finish;Unable to achieve breaks			1
Scunthorpe			1
Traumatic and Orthopaedic Surgery	8	1	
Difference in work pattern	4		
Scunthorpe	2		
SGH	2		
Late finish	1	1	
Grimsby			
SGH	1	1	
Late finish;Difference in work pattern	2		
SGH	2		
Unable to achieve breaks	1		
SGH	1		
(blank)			
(blank)			
(blank)			
Grand Total	49	3	18

Count of Response	Column Labels					
Row Labels	NA	No action required	Payment for additional hours	Time off in lieu	(blank)	Grand Total
Grimsby	17	2	13	2		34
Accident and emergency	1		3			4
General Medicine	9	2	8	1		20
General Practice	7		1			8
General Surgery			1			1
Traumatic and Orthopaedic Surgery				1		1
Scunthorpe	26		5	8		39
General Medicine	12		1	2		15
General Surgery	3			2		5
Obstetrics and gynaecology	4			3		7
Paediatrics	5		4			9
Traumatic and Orthopaedic Surgery	2			1		3
SGH	6	1				7
Traumatic and Orthopaedic Surgery	6	1				7
(blank)						
(blank)						
Grand Total	49	3	18	10		80

Trust Trainee vacancies

. Locum information from 1st November 2017 to 31st January 2018

Agency/Internal Bank Month	Internal Bank	
01/11/2017		
Row Labels	Count of Job No	Sum of Estimated Quantity
Associate Specialist	12	123
Consultant	107	867
Core Trainee/ST1&2 (formally SHO)	102	884
FY 1	44	390
FY 2	29	288
Middle Grade	298	2686
StR (ST3-8)	100	871
Grand Total	692	6107

Agency/Internal Bank Month	Internal Bank
	01/12/2017

Row Labels	Count of Job No	Sum of Estimated Quantity
Associate Specialist	24	268
Consultant	140	1188
Consultant Non Res on Call	1	16
Core Trainee/ST1&2 (formally SHO)	170	1662
FY 1	77	657
FY 2	37	365
GPVTS	1	12
Middle Grade	266	2580
StR (ST3-8)	155	1328
Grand Total	871	8074

Agency/Internal Bank Month	Internal Bank 01/01/2018
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Row Labels	Count of Job No	Sum of Estimated Quantity
Associate Specialist	15	121
Consultant	194	1818
Consultant Non Res on Call	1	16
Core Trainee/ST1&2 (formally SHO)	171	1487
FY 1	62	512
FY 2	27	253
Middle Grade	284	2849
StR (ST3-8)	192	1721
Grand Total	946	8777

Total Internal Locum information from 1st November 2017 to 31st January 2018

Agency/Internal Bank Month	Internal Bank (Multiple Items)
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Row Labels	Count of Job No	Sum of Estimated Quantity
Acute Medicine	399	3541
Anaesthetics	502	3887
Cardiology	20	94
Care of the Elderly	63	499
Diabetes	30	260
Emergency Medicine	509	4750
ENT	18	192
Gastroenterology	12	84
General Medicine	54	606
General Surgery	139	1607
Haematology	23	196
Obstetrics and Fetal Medicine	1	3
Obstetrics and Gynaecology	71	499
Ophthalmology	48	492

Orthopaedic and Trauma Surgery	78	1037
Paediatrics and Neonates	196	1761
Respiratory Medicine	10	65
Rheumatology	52	414
Stroke Medicine	183	1558
Urology	101	1417
Grand Total	2509	22959

Agency/Internal Bank Month	Internal Bank (Multiple Items)
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Row Labels	Count of Job No	Sum of Estimated Quantity
A&E double up	2	4
Annual Leave	26	225
Compassionate/Special leave	10	111
Exclusion/suspension	3	58
Exempt from On Call	68	819
Extra Cover	212	835
Induction	26	218
Novice EM DR	72	621
Patient transfer	3	12
Seasonal Pressures	16	154
Shadowing	40	359
Sick	179	1729
Study Leave	7	64
Vacancy	1646	16015
Vacancy - Deanery Gap	186	1673
Waiting list initiative	13	65
Grand Total	2509	22959

Agency

Agency/Internal Bank Month	Agency 01/11/2017
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Row Labels	Count of Job No	Sum of Estimated Quantity
Consultant	529	4492
Core Trainee/ST1&2 (formally SHO)	949	8384
FY 1	116	927
FY 2	89	808
Middle Grade	520	4885
StR (ST3-8)	310	2810
Grand Total	2513	22306

Agency/Internal Bank Month	Agency 01/12/2017
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Row Labels	Count of Job No	Sum of Estimated Quantity
Consultant	442	3735
Consultant 2nd on call	21	157
Core Trainee/ST1&2 (formally SHO)	882	7966
FY 1	43	371
FY 2	77	699
GPVTS	1	10
Middle Grade	435	3905
StR (ST3-8)	370	3362
Grand Total	2271	20204

Agency/Internal Bank Month	Agency 01/01/2018
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Row Labels	Count of Job No	Sum of Estimated Quantity
Consultant	383	3224
Consultant 2nd on call	19	141
Core Trainee/ST1&2 (formally SHO)	935	8203
FY 1	31	275
FY 2	67	577
Middle Grade	229	2198
StR (ST3-8)	553	5001
Grand Total	2217	19619

Total Agency Locum information from 1st November 2017 to 31st January 2018

Agency/Internal Bank Month	Agency (Multiple Items)
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Row Labels	Count of Job No	Sum of Estimated Quantity
Acute Medicine	983	9010
Anaesthetics	131	1036
Cardiology	482	3755
Care of the Elderly	478	3886
Community Paediatrics	12	90
Diabetes	91	726
Emergency Medicine	1064	9941
ENT	394	3865
Gastroenterology	618	5067

General Medicine	180	1751
General Surgery	960	8891
Haematology	182	1541
Histopathology	159	1170
Obstetrics and Gynaecology	20	236
Oncology	73	531
Ophthalmology	135	1179
Orthopaedic and Trauma Surgery	512	4863
Paediatrics and Neonates	84	854
Respiratory Medicine	191	1571
Rheumatology	7	62
Stroke Medicine	132	1049
Urology	113	1057
Grand Total	7001	62128

Agency/Internal Bank Month	Agency (Multiple Items)
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Row Labels	Count of Job No	Sum of Estimated Quantity
Annual Leave	27	224
Exempt from On Call	2	24
Extra Cover	61	526
Sick	46	387
Study Leave	6	54
Vacancy	6708	59620
Vacancy - Deanery Gap	151	1294
Grand Total	7001	62128

Networking

The Guardian attends relevant training and is a member of the quarterly, regional, forum of safe working Guardians as well as having email contact with many other Guardians in the region to share updates etc. There are innovative ideas from other areas where the Guardians are allocated more time for the role such as, Newsletters, headline boards in the Doctor's Mess, education sessions regarding completion of Exception reports and training events for Educational and Clinical Supervisors. These may be possible in NLG on a longer timescale and will be discussed at the JDF SWH.

Next Steps

- To ensure that all Junior Doctors have seen and read the new procedures for Exception Reporting
- To ensure all Junior Doctors have read and signed the newly developed paper regarding their contractual duties of safe working hours
- To work with all Supervisors, both Clinical and Educational to ensure they are up to speed with the refreshed system

- To continue to build on positive working relationships with BMA reps at NL&G and regionally
- To speed up the responses to ERs ensuring they are dealt with within the specified time.
- To share data from the ER system with specialty managers ensuring that they are aware of costs incurred and issues raised so that they can work on improvements.

3. Conclusion

The roll out of the 2016 Safe Working Hours TCS continues with the extension from FY1s to all trainees. The challenging Christmas/ winter period has not seen a sharp increase in Exception reporting. The expertise and diligence of the Medical Staffing department has ensured that complex queries are sorted out promptly.

The Guardian continues to present to the new Junior Doctors on Induction days.

4. Recommendation

1. The Board are asked to read and note the quarterly report from the Guardian of Safe Working Hours.
2. The Board needs to decide whether they wish to offer the same conditions to Trust Doctors as those offered to Junior Doctors by the 2016 contract.
3. The Board are asked to support robustly the encouragement of clinical directors, directorate managers and educational supervisors to be aware of, and fulfil their responsibilities within the new contract.
4. The Board are asked to promulgate positive messages regarding the 2016 contract and the importance of the ER system as a tool to improve safety and training.

Author

Bryony Simpson
Guardian of Safe Working

Owner

Chief Executive

Date	January 2018