

Annual Report of the Guardian of Safe Working Hours 3 December 2018



Agenda Item No: 10.2

Trust Board Report

Meeting Date:	3 December 2018		
Title:	Annual Report of the Guardian of Safe Working Hours		
Executive Summary:	<p>In this report, the Trust Board will be updated on issues relating to safe working hours of trainee doctors. The periods of cover are the financial year of April 2017 to March 2018, as well as the first six months of the following financial year i.e. April 2018. The following areas are to be considered:</p> <ul style="list-style-type: none"> Temporal distribution of exception reports each month Trends in grade of trainee who submit reports Departments which submit the most reports Vacancies in the specialities which have the most reports Trainee perception of either work load or educational issues Immediate safety concerns Typical outcomes for the trainee Other issues pertaining to exception reporting and their processing <p>In the first period, there were 44 exception reports. In the second period of half a year, there were 22 exception reports. We found that exceptions reports were submitted mainly by foundation doctors, particularly those in medicine and surgery. There was no obvious relationship between the origin of the reports and vacancies in each department. Work load issues rather than educational matters were reported. There were few immediate safety concerns perceived by trainee doctors. Over this period, no escalations for higher level reviews were made.</p> <p>Furthermore, from communications external to the Allocate software e.g. conversations at meetings and with trainees, we found some areas for improvement. They relate to standard processes such as logins, selection of supervisors, re-login and closure of the reports by both trainee and supervisor, initiation of compensation via a central source, and exception reporting outside Royal Wolverhampton Hospital NHS Trust.</p>		
Action Requested:	<p>After assimilation of these data, the Board should be able to come to a judgement regarding issues relating to safe working hours by junior doctors.</p> <p>The action requested is to approve the findings and action plans in relation to safe working hours of trainee doctors.</p>		
For the attention of the Board	Issue	Comment	Action
	Login to Allocate	Currently trainees may feel inundated by information at induction. As such they may forget how to make an exception report.	<p>Guidance on the intranet website should be enhanced.</p> <p>The junior doctor representative is to assist with a list of frequently asked</p>

		questions and structured answers.
	Some trainees have said that they have not been sent any login details for Allocate.	HR is to ensure login details are sent to each group of trainees by the time of induction at RWT each year.
	RWT is the lead employer for trainee doctors in palliative medicine. These doctors work at peripheral sites and may not have login details for Allocate.	HR will ensure that the Allocate software is in place in their various placements to support exception reporting.
Choosing a supervisor on Allocate	Often, the supervisor list on Allocate is not up-to-date. Unfortunately, if no supervisor is listed, then the report may not be made in a timely and effective way.	HR is to obtain the supervisor list from WMI and to contact Allocate to have the list updated before the beginning of each academic year.
Meeting of trainees and supervisors, documentation and closure	<p>Trainees and supervisors may not always meet within one or two weeks after a report is submitted.</p> <p>The Allocate website should be updated to send automated reminders to supervisors and trainees to meet. Reminders should also be sent so that these individuals engage with the website and close reports.</p>	HR to contact Allocate to have this process implemented.
Processing of the outcome	<p>Time in lieu aligns with the issue of working within the time directive. As a compensation strategy, time in lieu is possible provided there are sufficient staff and time in a post. If time in lieu is not possible within a reasonable time, then payment should be made.</p>	Compensation i.e. time in lieu is to be offered by HR if possible.
	There is currently uncertainty regarding payment. Payment for	There is to be a unified system via a central office i.e. HR that allows approval of

		work in different directorates is authorised by different managers and clinical directors.	payment if this to be the case. There should be a form to enable payment but also one that has the signature of the supervisor and a description confirming the extra work.
		There is uncertainty within palliative medicine regarding how compensation by payment is to be authorised.	HR at RWT is to discuss with HR outside RWT regarding compensation pathway for trainees.
Assure	Trainee doctors are aware of exception reporting as a mechanism for alerting the Trust regarding their working hours. Our findings show a low incidence of submissions.		
Advise	The most junior of trainee doctors submit reports. We found issues related to high workload and to processing of exception reports for which there are action plans. Few trainees highlighted their perception of immediate safety concerns. These were explored to ensure safe working.		
Alert	None		
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 		
Resource Implications:	Compensation for extra working hours, if time in lieu is not possible		
Report Data Caveats	This is a standard report using the previous months' data.		

CQC Domains	<p>We work collaboratively to design effective rotas that maximise productivity, skill mix and patient safety. We act in the best interest of patients and junior doctors. We ensure that stakeholders such as clinical rota leads and trainee representatives are included in rota reviews which may be necessary to meet service requirements, educational needs and work-life balance.</p> <p>In addition to meeting regulatory requirements on safe working hours, we aim to create an environment that is helpful to trainee doctors. We will provide support for standard processes and attend to any issues in a prompt and efficient fashion. Thus, we will meet the domains listed below:</p> <ul style="list-style-type: none"> • Safe: patients, staff and the public are protected from abuse and avoidable harm. • Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. • Caring: staff involve and treat everyone with compassion, kindness, dignity and respect. • Responsive: services are organised so that they meet people's needs. • Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	There is no specific impact in relation to protected characteristics.
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Academy Steering group Medical Education committee
References	Junior doctor contract 2016
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details							
1	<p>General information regarding safe working hours</p> <p>The European Working Time Directive and the new contract for trainee doctors have set standards on safe working hours. These include the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Weekly average hours (over reference period)</td> <td style="padding: 5px;">Maximum of 48</td> </tr> <tr> <td style="padding: 5px;">Weekly average hours if opting out of WTR (over reference period)</td> <td style="padding: 5px;">Maximum of 56</td> </tr> <tr> <td style="padding: 5px;">Absolute limit on hours</td> <td style="padding: 5px;">Maximum 72 in ANY seven calendar days</td> </tr> </table>	Weekly average hours (over reference period)	Maximum of 48	Weekly average hours if opting out of WTR (over reference period)	Maximum of 56	Absolute limit on hours	Maximum 72 in ANY seven calendar days
Weekly average hours (over reference period)	Maximum of 48						
Weekly average hours if opting out of WTR (over reference period)	Maximum of 56						
Absolute limit on hours	Maximum 72 in ANY seven calendar days						

Maximum shift length	13 hours in ANY 24
Minimum break between duties	11 hours

Each trainee at RWT is issued with a work schedule which complies with these standards. However, there are circumstances in which trainee doctors may work more than they should. Under the terms and conditions of the new contract, there is a formal system for reporting, investigation and remunerations. This process supersedes the system in which trainees were asked to monitor their working hours.

At RWT, trainees are issued with a user name and password so that they can login to an electronic system called Allocate. Trainees are able to submit exception reports to indicate how their extra work deviates from their work schedule. Exception reports should be made promptly and within a week if payment is envisaged. During the submission process, trainees select an appropriate supervisor with whom they should discuss the event, ideally within a two week period. The trainee and supervisor are sent emails from Allocate to invite them to meet as soon as possible. After the meeting, their documentation should indicate the key points and the outcome.

The outcome for the meeting could be compensation, either time-in-lieu or payment. The former is the default option so that the trainees are working safe hours. It should be offered to trainees via Human Resources (HR). If there are insufficient opportunities to receive time in lieu, then payment should be offered. Other outcomes can be no further action or escalation to the Guardian if there is persistent disagreement between trainee and supervisor. Additional measures could be a work schedule review and a fine. The fine rates are enhanced as shown below.

	Total hourly value (£)	Hourly penalty rate (£), paid to the doctor	Hourly fine (£), paid to the Guardian of Safe Working Hours
Basic rate	The total value of the fine is four times the basic hourly rate	x1.5 of the basic hourly locum rate	The total hourly value minus the hourly penalty rate paid to the doctor
Enhanced (night) rate	The total value of the fine is four times the enhanced hourly rate	x1.5 of the enhanced hourly locum rate	The total hourly value minus the hourly penalty rate paid to the doctor

To finalise the process, both supervisor and trainee should ideally login to Allocate to close the report. If there is no further communication indicating disagreement by the trainee, then the event is considered to be closed after one month.

Finally, RWT is one of many Trusts in the West Midlands that administer exception reports. As such, there is a regional network for Guardians which meets once or twice a year. The last meeting was at Walsall in February 2018. The next meeting is in Birmingham and is hosted by the General Medical Council.

Data were exported from the Allocate system into an Excel spreadsheet for further analysis. For each month, the number of reports was added. The number of trainees in each major grade was summed i.e. foundation, junior middle grade trainee and senior middle grade trainee. There were several types of specialities. Numbers of reports from sub-specialities in medicine were amalgamated. Similarly, those in surgery were summed. The data can be found in the attached spreadsheet (Attachment 1)

	<p>There were a number of reports indicating workload issues as well as those indicating educational ones. Specific comments were read as free text. The number of each type of outcome was added together e.g. no further action, compensation and work schedule review. Raw data from the website were processed in conjunction with supplementary information e.g. from emails and personal conversations. To enable triangulation of exception reports with work load, departments which had a high number of reports were selected for analysis of their vacancies. Detailed analysis can be found in the figures drawn in PowerPoint (Attachment 2)</p>
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Appendices	
1	Attachment 1: anonymised and processed data of individual exception reports from Allocate.
2	Attachment 2: graphs of results such as monthly number of reports, grade of trainee doctors reporting, departments, vacancies, type of issue and outcome

Attachment 1

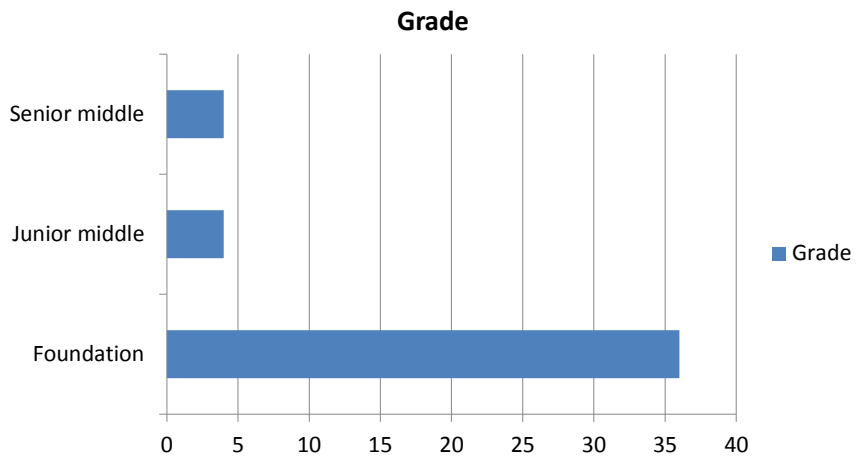
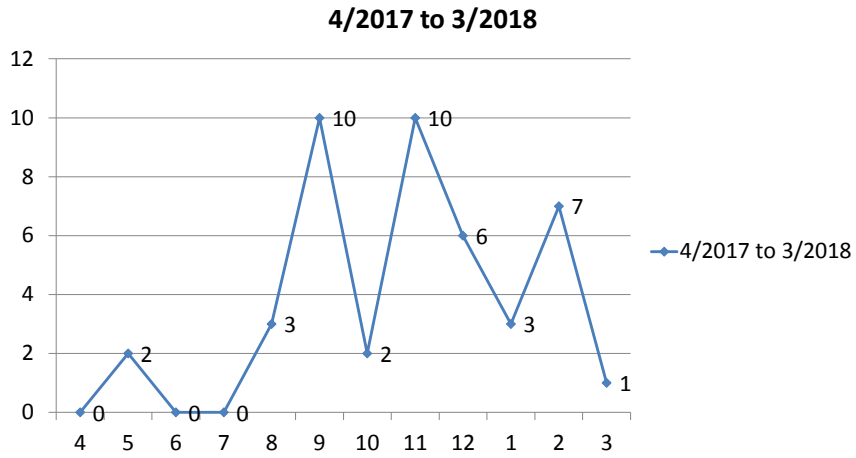
April 2017- March 2018

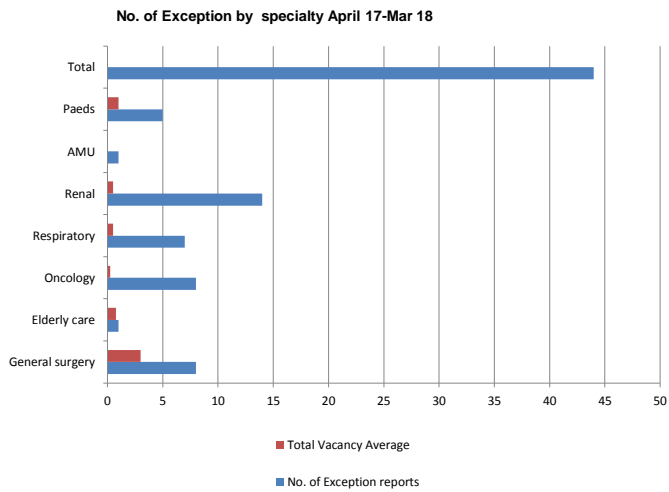
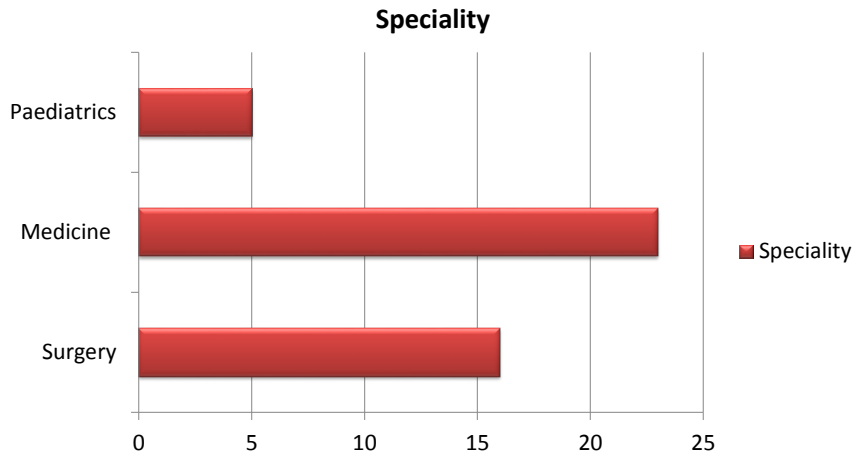
Submitted	Grade	Specialty	No. of Exce	Type	State	Outcome
23 Feb 2018 21:02	Foundation 1	AMU	1	Hours	Closed	No further action
31 Jan 2018 21:51	Foundation 1	Elderly care	1	Hours	Closed	No further action
08 Mar 2018 21:09	Foundation 1	Gen Surg	8	Hours	Closed	Compensation: Overtime payment
26 Feb 2018 15:14	Junior trainee	Gen Surg		Hours	Closed	No further action
23 Feb 2018 22:34	Junior trainee	Gen Surg		Hours	Closed	Compensation: Overtime payment
16 Dec 2017 11:03	Junior trainee	Gen Surg		Hours	Closed	Compensation: Overtime payment
26 Nov 2017 18:08	Foundation 1	Gen Surg		Hours	Closed	No further action
26 Nov 2017 17:54	Foundation 1	Gen Surg		Hours	Closed	No further action
12 Sep 2017 12:34	Foundation 1	Gen Surg		Hours	Closed	No further action
05 Aug 2017 23:45	Foundation 1	Gen Surg		Hours	Closed	No further action
03 Dec 2017 23:22	Junior trainee	Oncology	8	Hours	Closed	Compensation: Time off in lieu
03 Dec 2017 23:21	Junior trainee	Oncology		Hours	Closed	No further action
03 Dec 2017 23:19	Junior trainee	Oncology		Hours	Closed	Compensation: Time off in lieu
03 Dec 2017 23:14	Junior trainee	Oncology		Hours	Closed	No further action
22 Nov 2017 19:41	Junior trainee	Oncology		Hours	Closed	No further action
11 Nov 2017 23:42	Junior trainee	Oncology		Hours	Closed	No further action
11 Nov 2017 23:36	Junior trainee	Oncology		Hours	Closed	No further action
11 Nov 2017 23:35	Junior trainee	Oncology		Hours	Closed	No further action
18 Dec 2017 03:30	Senior trainee	Paeds	5	Hours	Closed	Compensation: Time off in lieu
23 Sep 2017 23:05	Senior trainee	Paeds		Hours	Closed	No further action
23 Sep 2017 23:03	Senior trainee	Paeds		Hours	Closed	No further action
23 Sep 2017 23:01	Senior trainee	Paeds		Hours	Closed	No further action
21 Sep 2017 13:47	Senior trainee	Paeds		Pattern	Closed	Prospective changes to work schedule
01 Feb 2018 19:02	Foundation 1	Renal	14	Educational	Closed	Compensation: Overtime payment
01 Feb 2018 19:00	Junior trainee	Renal		Hours	Closed	Compensation: Overtime payment
01 Feb 2018 18:57	Junior trainee	Renal		Hours	Closed	Compensation: Overtime payment
01 Feb 2018 18:55	Foundation 1	Renal		Hours	Closed	Compensation: Overtime payment
19 Jan 2018 18:43	Junior trainee	Renal		Hours	Closed	Compensation: Overtime payment
05 Jan 2018 11:00	Junior trainee	Renal		Pattern	Closed	Compensation: Overtime payment
28 Oct 2017 18:22	Foundation 1	Renal		Service Support	Closed	Compensation: Time off in lieu
20 Oct 2017 07:49	Foundation 1	Renal		Hours	Closed	Compensation: Time off in lieu
19 Sep 2017 19:34	Foundation 1	Renal		Hours	Closed	Compensation: Time off in lieu
06 Sep 2017 18:29	Foundation 1	Renal		Hours	Closed	Compensation: Time off in lieu
14 Aug 2017 20:21	Foundation 1	Renal		Hours	Closed	Compensation: Time off in lieu
14 Aug 2017 20:15	Foundation 1	Renal		Hours	Closed	Compensation: Time off in lieu
25 May 2017 10:03	Junior trainee	Renal		Educational	Closed	No further action
23 May 2017 17:53	Junior trainee	Renal		Educational	Closed	Compensation: Time off in lieu
23 Nov 2017 12:42	Foundation 1	Respiratory	7	Hours	Closed	Compensation: Time off in lieu
15 Nov 2017 23:53	Foundation 1	Respiratory		Hours	Closed	Compensation: Time off in lieu
13 Nov 2017 22:58	Foundation 1	Respiratory		Hours	Closed	Compensation: Time off in lieu
13 Nov 2017 22:33	Foundation 1	Respiratory		Hours	Closed	Compensation: Time off in lieu
25 Sep 2017 21:44	Foundation 1	Respiratory		Hours	Closed	Compensation & work schedule review
11 Sep 2017 19:44	Foundation 1	Respiratory		Hours	Closed	Compensation & work schedule review
08 Sep 2017 10:05	Foundation 1	Respiratory		Hours	Closed	Compensation & work schedule review
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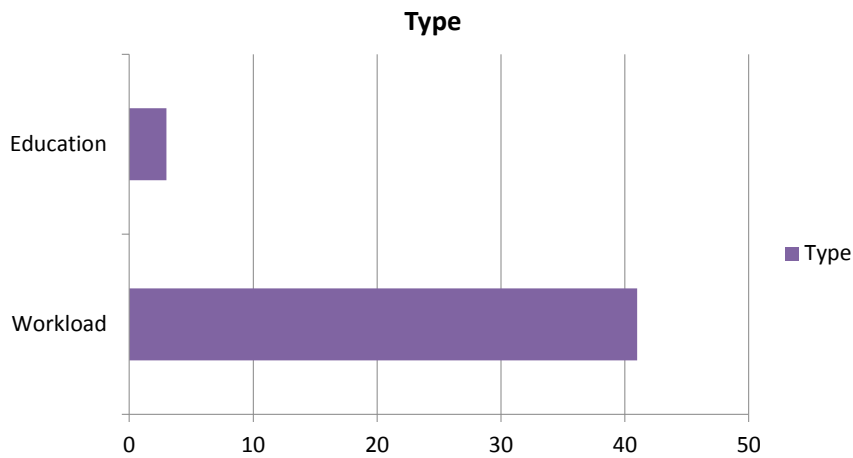
April 2018 – September 2018

Submitted	Grade	Specialty	No. of Exception reports	Type	State	Outcome
20/09/2018	Foundation 1	Diabetes	2	Hours	Closed	Compensation: Overtime payment
27/08/2018	Foundation 1			Hours	Closed	No further action
24/09/2018	Foundation 1	Elderly Care	2	Hours	Closed	No further action
10/04/2018	Junior trainee			Hours	Closed	Compensation: Overtime payment
08/04/2018	Foundation 1	Emergency Medicine	1	Hours	Closed	Compensation or time off in lieu, Organisation changes
22/05/2018	Junior trainee			Hours	Closed	No further action
22/05/2018	Junior trainee	ENT	3	Hours	Closed	No further action
16/05/2018	Senior trainee			Hours	Closed	No further action
10/04/2018	Junior trainee	Gastroenterology	1	Service Support	Closed	No further action
12/09/2018	Foundation 1	Gen Surgery	5	Hours	Closed	No further action
12/09/2018	Foundation 1			Hours	Closed	No further action
27/06/2018	Foundation 1			Hours	Closed	No further action
27/06/2018	Foundation 1			Hours	Closed	No further action
27/06/2018	Foundation 1			Hours	Closed	No further action
26/07/2018	Junior trainee	Haematology	2	Pattern	Closed	No further action
25/06/2018	Foundation 1	Oncology	1	Hours	Closed	Compensation: Time off in lieu
04/05/2018	Junior trainee	Rehabilitation	3	Hours	Closed	Compensation: Overtime payment
02/07/2018	Junior trainee			Hours	Closed	Compensation: Overtime payment
30/05/2018	Junior trainee			Hours	Closed	Compensation: Overtime payment
29/05/2018	Junior trainee	Respiratory	2	Hours	Closed	No further action
11/06/2018	Foundation 1			Hours	Closed	No further action
11/06/2018	Foundation 1			Hours	Closed	No further action

Monthly distribution



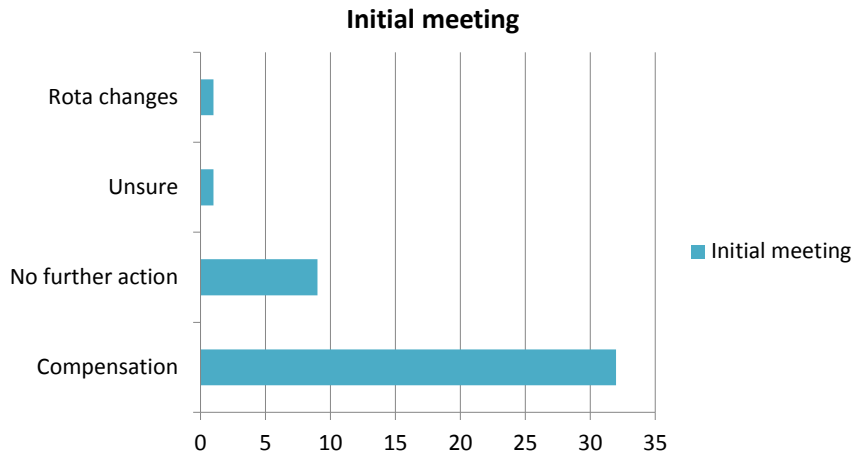




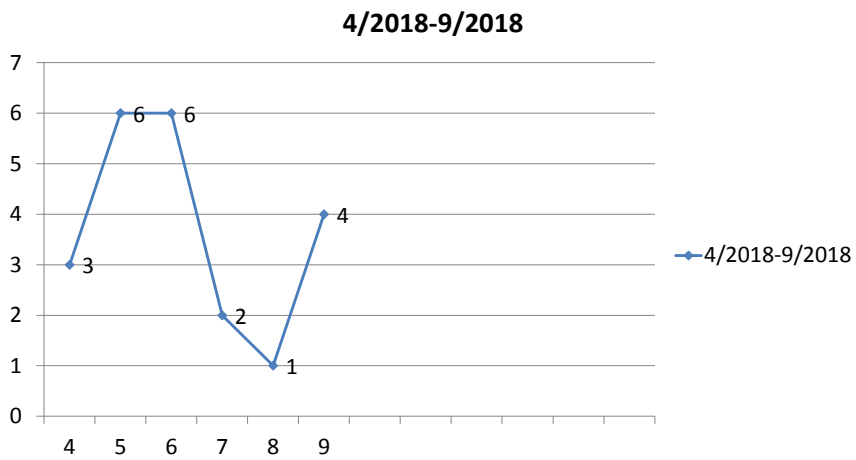
Immediate safety concerns x 7

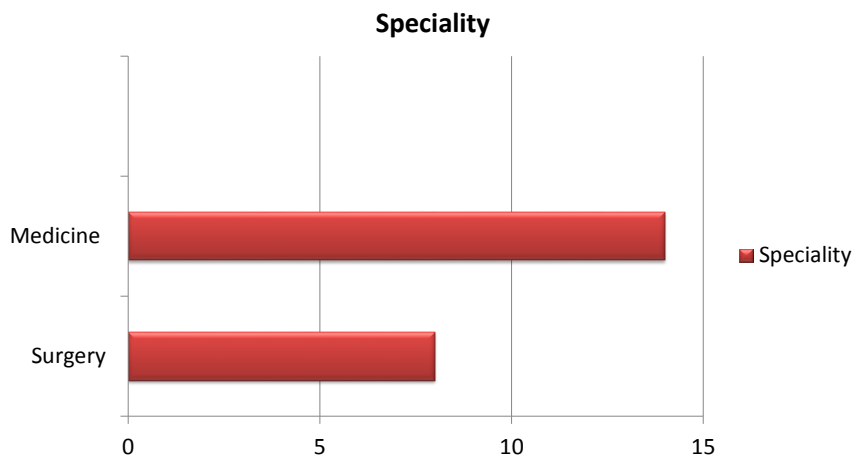
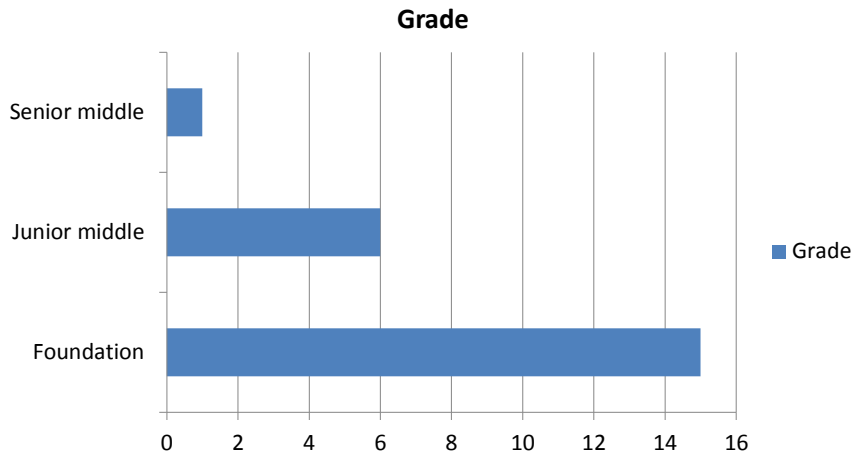
Speciality	Comment
Orthopaedics	Night shift doctor didn't turn up. Doctor during the day had to stay
Surgery	Covering too many areas. SAU, A12, A14
Medicine	Only doctor for 2 bays
	Heavy workload
	Only doctor on the ward
	Heavy work load on respiratory ward
	Only junior

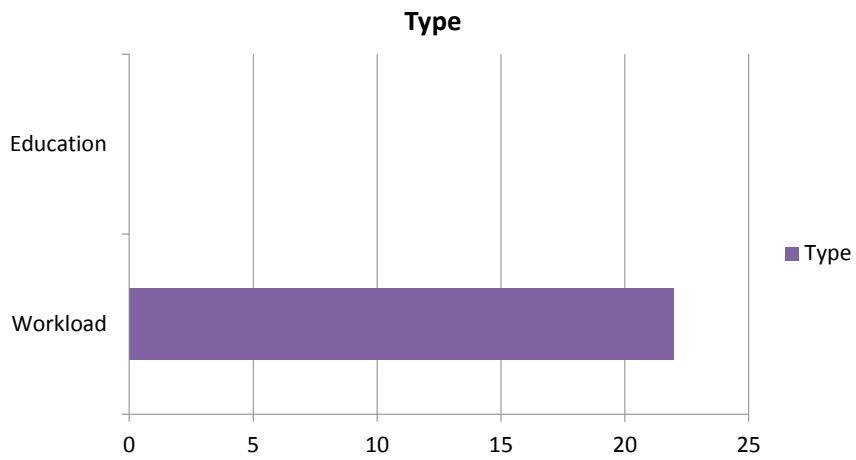
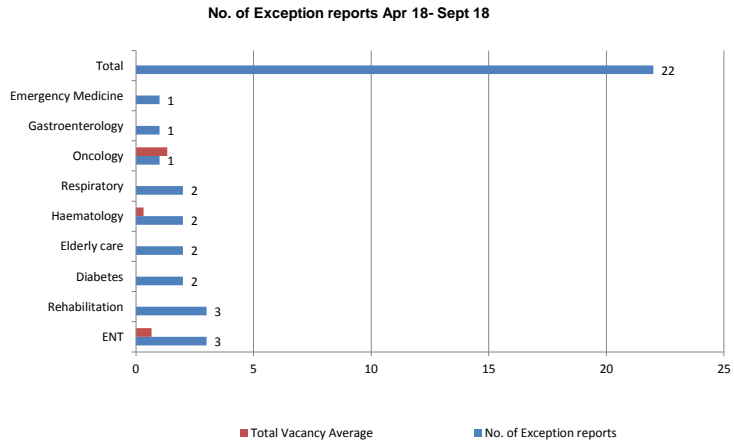
Outcomes



Monthly distribution







Immediate safety concerns x 3

Speciality	Comment
Medicine	Trainee permitted leave but ward under staffed
	No registrar cover on bank holiday
	Working weekend only 23 hours after night shift. Rota swap and error.

Outcomes

