

Annual Report from the Guardian of Safe Working Hours

13 May 2019



Agenda Item No: 10.3

Trust Board Report

Meeting Date:	13 May 2019
Title:	Annual report from the guardian of safe working hours
Executive Summary:	<p>Trainee doctors are an integral part of the workforce at RWT. As such, their working hours and experience are of great interest to the Board. As part of RWT's contractual obligations to trainee doctors, exception reporting was introduced along with the new contract that was affirmed in 3 August 2016. This document provides data from reports submitted by trainee doctors who feel that they have worked over and above their working hours. Data from this report are likely to be useful to the Academy Steering Group for education.</p> <p>In this report, the Trust Board will be updated on issues relating to working hours of trainee doctors, from 1 April 2018 to 31 March 2019. The following areas are to be considered:</p> <ul style="list-style-type: none"> • departments from which the reports originate, in each quarter of the year. • key themes such as work load, number of trainees reporting the same issue, grade of trainee submitting reports, trainee perception of safety concerns and educational matters. • typical outcomes for the trainee doctors • associated issues related to processing of exception reports such as login, closure of reports and compensation. <p>During this <i>year</i> (i.e. 1 April 2018 to 31 March 2019), 114 reports were submitted. Of these, approximately 50% (n=58) were submitted in the fourth quarter i.e. from January 2019-March 2019. In any one quarter, the specialities which had the most reports were:</p> <ul style="list-style-type: none"> • Care of the elderly 25% (n=28) • Trauma and orthopaedics 17% (n=20) • Renal medicine 8% (n=9) • Neonates 9% (n=11) • Paediatrics 5% (n=6) <p>In every quarter of the year, the only speciality to have reports attributed to it was General Surgery.</p>

	<p>Most reports were submitted by Foundation doctors. The main issues related to high workload with consequences such as lack of breaks, staying after the end of a shift, inability to provide the best possible patient care and perceived safety concerns.</p> <p>Over this time (i.e. 1 April 2018 to 31 March 2019), there were no escalations for higher level reviews (e.g. investigations for disputes between trainee and supervisor). However, some issues relating to processing of exception reports occurred. They were related to the system of data collection and completion, such as login to Allocate (system for submission of exception reports), selection of supervisors, meeting the supervisor, closure of reports and compensation.</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	This section requires a brief, focussed summary of the points of fact for the Board plus any/all of the following:
Assure	<p>Trainee doctors are aware of exception reporting as a mechanism for alerting the Trust regarding their working hours. Our findings show that the incidence of submissions is not high in most specialities.</p> <p>With regard to the few specialities in which the incidence of reports is comparatively high, there has been much discussion regarding workforce planning and management of the rota. These actions are outside the scope of exception reporting.</p> <p>The Guardian for Safe Working Hours in conjunction with HR and the junior doctor representative have introduced guidance for trainees and supervisors with regard to processing exception reports and compensation.</p>
Advise	The reports suggest that the specialities which may require further attention are: Care of the Elderly, Trauma and Orthopaedics, Renal, Neonates and General Surgery.
Alert	None
Author + Contact Details:	Tel 01902 307999 Ext 6622 Email ang@nhs.net
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. The compensation is at an enhanced rate as specified by the trainee doctor contract. For the trainee doctor, it is 1.5 times the basic hourly locum rate during the day and 1.5 times the basic hourly enhanced locum rate at night.
Report Data Caveats	This is a standard report using the data from Allocate.

CQC Domains	<p>RWT works collaboratively to design effective rotas that maximise productivity, skill mix and patient safety. The organisation acts in the best interests of patients and junior doctors. The organisation ensures 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, RWT aims to create an environment that is helpful to trainee doctors. RWT will provide support for standard processes and attend to any issues in a prompt and efficient fashion. Thus, RWT 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. With regard to exception reporting, trainees are encouraged to submit reports.
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 3 August 2016, rolled out from October 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

Methods

Raw data were exported from the Allocate system into an Excel spreadsheet for further analysis.

In addition to general trends such as grade of trainee, type of issue and quarterly incidence, the information was processed from each department to obtain key themes. Supplementary data were used from personal communications to triangulate the raw information. Extra data i.e. from the GMC trainee surveys and the NETS survey were used to corroborate the information from exception reports.

Results

From April 2018 to March 2019, 114 reports were submitted, as shown in Table 1. Approximately 50% (n=58) reports for the year came in the fourth quarter i.e. from January 2019 to March 2019.

Table 1. Summary of number of exception reports according to period of the year and speciality

Quarter	1	2	3	4
	4/2018 - 6/2018	7/2018 - 9/2018	10/2018 - 12/2018	1/2019 - 3/2019
Trauma and orthopaedics				20
Elderly		1	4	28
Renal	9			2
Max fax	3			
Neonates			11	4
Paeds			6	1
Rehabilitation	2	1		
Haematology		2		
General surgery	4	2	1	2
Gastro			1	1
Oncology	2			
Diabetes	1	3	1	
Upper GI			2	
Total	21	9	26	58

The highest number of reports came from Elderly Care, Trauma and Orthopaedics, Renal Medicine, Neonates and Paediatrics. In terms of temporal distribution, reports came from general surgery in every quarter of the year. In three of the four quarters of the year, reports were submitted from Elderly Care and Diabetes. In two quarters of the year, reports came from renal medicine, neonates, paediatrics, rehabilitation and gastroenterology.

For each quarter, findings may be summarised in four tables: Table 2 for the first quarter, Table 3 for the second quarter, Table 4 for the third quarter and Table 5 for the fourth quarter.

Furthermore, focused scores, i.e. overall job satisfaction and workload, submitted by trainees surveyed by the General Medical Council are shown in Table 6. They relate to the surveys of April 2018 and August 2018.

Table 2. First quarter. April 2018 to June 2018

Speciality	No	Findings	Exception matters	Departmental outcome
Renal	9	One F1 submitted 4 reports. Two F1 submitted 2 reports each. One F1 submitted 1 report. They reported high workload at weekends. They asked colleagues in other areas to cover. So these reports come not only from renal F1s but also those covering other areas.	The doctors were invited to make a claim	The renal CD has been made aware of the situation.
General surgery	4	One F1 submitted 4 reports. There was high workload and some sickness to cover.	The reports went to the incorrect supervisor. The list of supervisors is to be updated and guidance is to be issued to trainees so that the correct supervisor is selected on Allocate	
Diabetes	1	One F1 submitted a report. It was about high workload and working extra owing to a sick patient.	The doctor was invited to make a claim.	

Rehabilitation	2	One F2 submitted two reports. There was high workload after the bank holiday weekend. Clerking for an admission had to occur after 1700.	The doctor was invited to make a claim.	
Maxillofacial surgery	3	The fellow submitted three reports. They related to high workload as cover at RWT and RHH was required.	No further action.	The supervisor has clarified the rota with HR to see that it is compliant. The doctor was working voluntarily and was not required to stay behind.
Oncology	2	One F2 submitted two reports. There was high workload and having to work for an extra hour each time.	There was no further action.	

Table 3. Second quarter. July 2018 to September 2018

Speciality	No	Findings	Exception matters	Departmental outcome
Elderly care	1	One F1 had high workload. Leave for others were authorized leaving cover to a low level.	No further action.	Supervisor aware
Diabetes	3	One F1 submitted 2 reports. Relating to high workload. On one occasion. The other colleague was on call and covering AMU and so unable to assist. On the other occasion, another F1 submitted one report. There was no middle grade cover on bank holiday Monday and so there was extra work.	The doctor was invited to make a claim No further action.	

General surgery	2	One F1 submitted two reports relating to high workload. Extra time e.g. 3 hours was needed	The report was not processed by the supervisor. Guidance for supervisor is to be issued.	
Haematology	2	One F2 submitted two reports. It related to having to work a weekend soon after nights. The doctors swapped shifts but had different versions of the rota. There was an inadvertent error.	No further action.	
Rehabilitation	1	One F2 submitted one report. Extra hours were worked as a swap was done but the next doctor came late. There was a misunderstanding.	The doctor was invited to make a claim.	

Table 4. Third quarter, October 2018 to December 2018

Speciality	No	Findings	Exception matters	Departmental outcome
Elderly care	4	There were 4 reports from the same F1 doctor. The reports describe high workload which was related to: -senior grades going for teaching -one lumbar puncture In one instance the doctor stayed an extra 2 hours.	No further action	The skill mix on A7 is to be reviewed from 2GPVTS to 1 GPVTS and 1 ST
Diabetes	1	A F1 doctor submitted one report. An extra 1.45 hours were worked owing to having lots of tasks to complete.	The doctor was invited to make a claim but has not done so.	The occurrence was not a regular feature.
Gastroenterology	1	A F1 doctor stayed until 6 pm i.e. 1 hour late. The job was busy and the staying over was recurrent.	The doctor was invited to make a claim but has not done so.	

			Attendance at teaching on Tuesday can be difficult.		
	Neonates	11	<p>There were a total of 6+3+1+1= 11 reports</p> <p>Six reports were from one ST trainee in relation to high workload. Of these:</p> <p>3 were related to long handover between shifts.</p> <p>3 were related to high workload at the weekends</p>	No further action	<p>Handover has been discussed and the trainee has been invited to give a brief summary and leave the ward round. It was discussed that further documentation can be done later.</p> <p>At weekends, the consultant is resident until 10 pm.</p> <p>Consideration is being given providing extra middle grade cover at weekends.</p>
			<p>Another ST trainee submitted 3 reports in relation to high workload. In this instance, the trainee felt that there was too much work to cover when:</p> <ul style="list-style-type: none"> - others were allowed to be on leave e.g. annual leave, life support course, or -when there was F2s change as they are supernumerary. <p>The result was that the trainee was unable to attend weekly teaching.</p>		The CD has been contacted and has discussed the matter with the trainee.

		<p>One report came from a different ST doctor who had to stay late to complete documentation. The trainee was submitting the report to raise the profile of staying late.</p>		
		<p>One Foundation trainee reported high workload such as high turnover, discharge summaries and absence of senior trainees in the afternoon owing to clinics</p>		<p>Consultants have clarified what jobs can wait until the next day i.e. prioritization.</p>
Paediatrics	6	<p>One ST doctor submitted reports. The reports relate to high workload that cannot be done between 9am to 5 pm. The trainee comes to work at 8 am and finds it difficult to have a lunch break.</p> <p>The workload relates to many administrative tasks such as safeguarding reports. The trainee submitted the report to the incorrect supervisor</p>	<p>The supervisor list on Allocate is to be updated. Guidance is to be given to trainees in case they cannot find a new supervisor on Allocate.</p>	<p>The College tutor has met with the trainee and has made alterations to the work schedule.</p> <p>HR is reviewing the rota so that the work schedule.</p>
Upper GI surgery	2	<p>One F1 doctor submitted two reports. One related to working overtime by 1.5 hours owing to high workload. The other was about working extra into the evening because the night SHO was busy elsewhere. During this event, the trainee felt that there were sick patients and has raised this event as a safety issue.</p>	<p>A medical supervisor was chosen to review. Guidance is to be issued to trainees to ensure that they choose the appropriate supervisor that is familiar with their post.</p>	

Table 5. Fourth quarter. January 2019-March 2019

Speciality	No	Findings	Exception matters	Departmental outcome
Elderly care	28	<p>Submissions. One ST1 submitted one report. Four F1 doctors submitted 8, 8, 8 and 3 reports each.</p> <p>The reports relate to high workload.</p> <p>Aggravating factors include having:</p> <ul style="list-style-type: none"> - only two doctors most of the time - to cross cover the Elderly wards and not knowing the patients - no replacements for sickness - no middle grade cover during the day for advice - Consultant available until 4 pm. Clinical matters arise after this time. The consultant is often busy with other meetings and is not readily available. - being away for meetings on Tuesdays from 1-2pm for Elderly teaching and 2-4 pm for FY teaching. 	The doctors have been invited to make a claim.	The supervisors are aware of the situation.
Trauma and orthopaedics	20	<p>Submissions: Two F1 doctors submitted 7 reports each. One Fellow submitted 4 reports. One F2 submitted 2 reports.</p> <p>The issues relate to high workload at weekends during which there is only one F1 cover.</p>	The doctors have been invited to make a claim.	The CD and divisional directors are aware of the situation.

			<p>Aggravating factors include having:</p> <ul style="list-style-type: none"> - having to cover two wards and outliers i.e. about 55 patients. - a few sick patients - long consultant ward rounds and lots of tasks to do later <p>The consequences were:</p> <ul style="list-style-type: none"> - lack of natural breaks - finishing at least 2 hours late - reduced patient safety 		
	Neonates	4	<p>Submissions: One ST7 submitted 4 reports</p> <p>The reports related to finishing about late after a shift e.g. by 45 minutes.</p> <p>Aggravating factors including having:</p> <ul style="list-style-type: none"> -to manage sick patients overnight -handing over -time to document 	No specific compensation.	The supervisors are aware of handover issues and encourage trainees to leave as soon as possible.
	Paediatrics	1	One ST2 submitted one report regarding an inaccurate rota	The paediatric rota has been re-assessed by HR.	The CD is aware and has contacted HR.
	Renal	2	<p>One F1 submitted two reports.</p> <p>The doctor was asked to cross cover the renal ward owing to sickness.</p> <p>Aggravating factors include having:</p> <ul style="list-style-type: none"> - cross cover which means that all task took a long time. - absence of a Fellow who was on annual leave 	The doctors have been invited to make a claim	None specific.

General surgery	2	One F1 submitted two reports regarding weekend cover. The doctor stayed 2.5 hours extra and had to cover two wards. The work load as there was only one doctor covering.	No specific action	The supervisors are aware.
Gastroenterology	1	The F1 doctors stayed 2 hours late owing to high workload. Aggravating factors: -Other doctor on leave -Other doctor off sick -patient acutely unwell	Compensation was offered.	The supervisor was aware of the situation. The occurrence was not a regular feature.

Table 6. Corroborative focused data from the GMC surveys and the NETs survey

	GMC survey April 2018		GMC survey August 2018		NETS survey April 2019
	Satisfaction score	Workload score	Satisfaction score	Workload score	Comments related to workload
Trauma and orthopaedics	70	47	86	48	High weekend workload. Business case for ANP
Care of the Elderly	84	54	90	53	
Renal medicine	62	31	55	27	
ENT	77	52	90	50	Night cross cover by T+O trainee
Neonates	82	49	82	45	Consultant working to 10 pm
Paeds	85	42	82	45	
Haematology	85	51	85	51	

General surgery	77	46	85	55	
Gastroenterology	75	39	68	40	Sick patients Leaving late
Oncology	73	50	73	50	Difficult to attend teaching
Diabetes	87	39	68	40	

Discussion

This year, there were 114 exception reports, submitted mainly by Foundation doctors. These data would suggest that high levels of work load and their effects exist in the following areas:

- Weekend cover in trauma and orthopaedics
- Weekend cover in renal medicine
- Elderly care on weekdays
- General surgery
- Neonates

The information from the exception reports concur with those obtained from the two GMC surveys and the NETS survey. In the GMC surveys, the overall satisfaction scores for each post were high in contrast with those for workload in each post which were relatively low (e.g. renal medicine, trauma and orthopaedics, elderly care, paediatrics, neonates, general surgery, diabetes and gastroenterology).

Furthermore, despite absence of numerical values in the NETS survey for satisfaction and workload, we found that the comments enabled us to understand some actions plans proposed by departments e.g. a business case for additional staff i.e. Advanced Nurse Practitioners in Trauma and Orthopaedics, consultant working until 10 pm in neonates.

Finally, to facilitate efficient processing of exception reports, guidance for both trainee doctors (Appendix 1) and their supervisors (Appendix 2) has been written.

Appendices

1	Guidance for trainees
2	Guidance for supervisors

Guidance for Exception Reporting for Doctors in Training

Welcome to this document which provides guidance on exception reporting. We have written answers to some frequently-asked questions.

Where can I find my login details for Allocate?

You should have received your login details prior to induction via email. This is the link for Allocate, <https://www.healthmedics.allocatehealthsuite.com> Please note that the URL doesn't resolve on some hospital computers unless it starts with "https", not "http".

If you haven't received your login details, then please contact medical staffing in the same way as you would do so when volunteering for a locum shift.

If you are in a community post outside the hospital, then please contact medical staffing at the New Cross Hospital site if Royal Wolverhampton Hospital NHS Trust is your lead employer (eg Palliative Care).

Can I make report multiple occurrences at once?

Yes, if there is more than one occurrence, then you can report them in one report. However, the occurrences should be as close as possible to the date of your exception report.

When do I need to submit a report?

The exception report should be submitted within 14 days of the extra work. If payment is likely to be required then please submit the report within 7 days of the event.

To whom can I send the Exception Report?

You should send it to one of your supervisors or a consultant in charge of your rota within the department.

What do I do if my supervisor's name is not on the list on the Allocate website?

Occasionally, a new supervisor will start between any update of the list on the website. So, in this instance, please contact medical staffing as soon as possible so that the name can be added. Allocate will have to be contacted so that the name and contact details will be added. Then, please submit the report with the correct supervisor so that the report can be processed.

What information do I need to include?

Please include as much information as you can within the report. Please include:

- clinical area eg ward B8
- your post eg medicine, cardiology.
- speciality in which the extra work was done. Eg your post is T+O at F2 but you are covering ENT in which the extra work was done. Please state both your training post and also the area in which the extra work was performed.
- email and contact number
- details of the extra work
- details of missed teaching opportunities, missed breaks or differences in support.

What happens after a report is submitted?

The report is sent by email to your supervisor. Please organise to discuss the issue with your supervisor within 14 days. During the discussion, the supervisor should verify the key issues so that you can both come to an agreed outcome. The supervisor will then document the discussion and outcome on Allocate. You should then re-login to Allocate so that you document your opinion and then close the report.

If you do not re-login to Allocate after meeting the supervisor, then the report cannot be processed further and the report will be considered to be closed after a period of 14 days.

How do I discuss the exception report with my supervisor if I am away during the day eg on night shifts?

We suggest that a face-to-face meeting is most appropriate but other means of communication eg telephone call is acceptable provided the documentation is completed accurately on Allocate.

If compensation for extra work is agreed, then how do I make a claim?

If compensation is the agreed outcome then, the supervisor will have documented the extra time with reasons, on Allocate. To avoid delays in processing, please check the details immediately. Then, you must re-login to Allocate and indicate that you agree with the outcome regarding the extra time. Then, please contact medical staffing and fill in a claims form (similar to doing a locum), within 14 days of the documented entry on Allocate by your supervisor.

Would I get time off in lieu (TOIL) or payment for the extra hours worked?

Time off in lieu should be offered by medical staffing provided it can be taken within 3 months. Payment is offered if there is insufficient time remaining in your post or inadequate staffing levels on the rota. TOIL may be accrued from multiple reports. The choice of time off should be agreed with the rota coordinator in the same way that other leave requests are granted.

How do I get paid?

Please ensure that your employee number is on the claims form so that you can be paid in a similar way to receiving your salary.

What are the useful links regarding this topic?

The official video from Allocate on how to Exception Report may be found at <https://vimeo.com/190266214>

Terms and condition of service may be found at <https://www.nhsemployers.org/case-studies-and-resources/2017/03/junior-doctors-terms-and-conditions-of-service-march-2017>

Allocate, the exception reporting website can be found at <https://www.healthmedics.allocatehealthsuite.com>

Guidance for supervisors regarding exception reports submitted from Doctors in Training

Exception reporting was created in 2016 when the new junior doctor contract was introduced. It is an electronic system that allows trainees to declare extra work, immediate patient safety issues and lack of educational opportunities. As a supervisor, you may be sent a website link from the trainee so that you review their working conditions. Here are some frequently asked questions with suggested answers that may assist you when meeting your trainee.

What are the rules regarding hours of work of trainee doctors?

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

What do I review when completing an exception report with a trainee doctor?

You may like to ask the following questions:

- Has the doctor explored reasonable alternatives, such as handing outstanding tasks over to other appropriate clinical/medical staff?
- Has the doctor obtained authorization for the extra work at the time of doing the extra work? Alternatively, was authorization obtained as soon as possible after the event, preferably on the next available normal working weekday?
- Has the doctor submitted the report within 7 days of the event, if compensation by payment is requested? If there is no claim for payment, then up to 14 days are allowed from the date of the event to the date of submission of the report.
- In the submitted report, has the doctor provided documentation to facilitate handling of the event? Basic details should include:
 - date, time and location of the extra work
 - both the doctor's post and the clinical area covered eg the post may be ENT but the work was in T+O.
 - the duration of extra work and how it differs from the normal work schedule
 - explanation for the extra work
 - period of rest between shifts if appropriate
 - contact details such as bleep, mobile and email
 - name and contact details of supervisor.

These details are needed for further processing. If they are absent, then another opportunity during which they can be included will be at the time of your meeting with the trainee.

What is expected during the meeting with the trainee?

You should verify the issues with the trainee and come to an agreed outcome with the trainee. Typical outcomes are: no further action, change of work schedule and compensation. The trainee needs to be reminded to re-login so that the outcome can be processed. They are allowed 14 days to register their opinion so that the report can be closed. If the trainee does not indicate his or her opinion within this period, then the report will be considered to be closed.

Very occasionally, no agreement is reached between trainee and supervisor. In this instance, escalation according to the pathway in the policy can be instigated. If the issue pertains to working hours, then the Guardian for Safe Working Hours and HR may have to interview the trainee and supervisor to gain further information in the first instance. If the issue is educational then the Clinical Tutor may become involved.

If compensation is the agreed outcome, then how does a trainee make a claim?

After the trainee re-logs in to confirm the outcome of compensation, then the trainee has to complete a claim form, in a similar way to that for a locum shift. The trainee is allowed 14 days from the date of the meeting to submit the form to medical staffing. The form should contain the trainee's employee number in case payment is granted.

How does medical staffing process the claim?

Medical staffing will check the documentation on Allocate regarding the additional work. Time off in lieu will then be offered provided:

- the doctor has not exceeded the maximum limit of work.
- it can be taken within 3 calendar months
- there is sufficient time before the end of the rotation
- it would not bring the level of staffing to below minimum

Medical staffing may need to contact you particularly if there are queries regarding the documentation of extra work. To avoid unnecessary calls, please document the event in full.

If time off in lieu is not possible, then medical staffing will organize payment for the trainee doctor.