

REPORT TO THE TRUST BOARD: PUBLIC
9 JANUARY 2019

Title	Quarterly Report on Safe Working Hours: Doctors in Training 22 February 2018 – 30 November 2018
Author	Dr Juliette Brown Consultant Psychiatrist and Interim Guardian of Safe Working Hours
Accountable Executive Director	Paul Gilluley, Chief Medical Officer

Purpose of the report

The Board is asked to note the second report from the ELFT Guardian of Safe Working Hours which provides data about the number of junior doctors in training in the Trust and any issues arising from transition to the 2016 Junior Doctor contract which was fully implemented in ELFT in September 2017. The report details arrangements made to ensure Safe Working within the new contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

Summary of key issues

Relatively low levels of exception reporting within ELFT (62 reports in 9 months)
Vacancies for doctors in training (11% as of 5/12/18) and associated rota gaps (231 shifts, >2000 hours covered by locum doctors in a 3 month period).

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	Impact of safe working hours on patient safety
Improved staff experience	<input checked="" type="checkbox"/>	Impact of safe working hours on staff experience
Improved value	<input type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
N/A	N/A

Implications

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	Risks are associated with rota gaps. Assurance provided through monitoring.
Service User/Carer/Staff	No concerns noted at present.
Financial	None
Quality	No concerns noted at present.

Supporting documents and research material

- a. GMC National Training Survey 2018 (https://www.gmc-uk.org/-/media/documents/training-environments-2018_pdf-76667101.pdf).

Glossary

Abbreviation	In full
ELFT	East London National Health Service Foundation Trust
GMC	General Medical Council

1.0 Background/Introduction

1.1 The requirement for a Guardian of Safe Working Hours to be appointed was a condition of the 2016 Junior Doctor Terms and Conditions of Service. The role sits independently from the management structure of the trust, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. This report is the second report of the Guardian of Safe Working Hours at ELFT to be presented to the Board and has been prepared by the interim Guardian. It covers reporting submitted from date of last report February 22 2018 to 30 November 2018.

2.0 Key messages

2.1 Exception reporting is seen by the GMC and BMA as a sign of a healthy training environment, in which trainees are encouraged to work contracted hours, and areas of excessive workload can be easily identified and managed. These are new safeguards that are not yet fully embedded in the culture, but encouragingly, reporting is increasing. There is as yet no facility to benchmark data but Guardians across London are working on this. There remain areas in ELFT where trainees report heavy workload, particularly while on call. There is a high percentage of junior doctor vacancies especially at higher trainee level. Other issues related to trainee well-being requiring attention include timely access to rotas. Nationally, working over rostered hours has been found to be associated with the experience of burnout, leading to GMC review of systems in place to support doctors in training.

2.2 High level data for ELFT Employed Trainees

Number of posts for doctors in training – ELFT as Lead Employer – as of 05 December 2018

Grade	Number of posts for doctors / dentists in training (total):		
	London	Beds & Luton	Total
FY 1 – 2	17	10	27
GPSTR	15	7	22
CT1-3	48	6	54
ST4-6	57	11	68
		TOTAL	171

Grade	Number of doctors / dentists in training on 2016 TCS (total):		
	London	Beds & Luton	Total
FY 1 – 2	16	9	25
GPSTR	14	6	20
CT1-3	47	6	53
ST4-6	46	7	53
		TOTAL	151

2.3 Number of vacancies – as of 05 December 2018

Rotation Placement details as at 5/12/18

	FY1		FY2		GPSTR		CT		HT		Total	
	Filled	Vacant	Filled	Vacant	Filled	Vacant	Filled	Vacant	Filled	Vacant	Filled	Vacant
BEDFORD	2		2	1	2	1	3		4	2	13	4
CITY/HCKNY	3		2		4	1	17		13	1	39	2
LUTON	2		3		4		3		3	2	15	2
NEWHAM	2	1	2		6		9	1	4	5	23	7
TOWER HAM	3		4		4		14		8	5	33	5
FORENSICS	0						7		6		13	0
INT DISABILITY									4		4	0
CAMHS									9		9	0
Paediatrics									2		2	0
Totals	12	1	13	1	20	2	53	1	53	15	151	20

2.4 In addition there are 4 Staff Associate Specialist doctors on the on call rotas – as of 05 /12/18

Note: FY1 – 2 are doctors in first 2 years of training in Foundation posts. GPSTR are GP trainees in psychiatry placements. CT 1- 3 doctors who have chosen to specialise in psychiatry and are taking membership examinations. ST4 – 6 are doctors who have membership of the Royal College of Psychiatrists and are specialising in a particular field of psychiatry, e.g. adult, older adult, forensics, child and adolescent mental health, intellectual disability.

2.5 Exception reports (22.02.18 – 30.11.18)

There were 62 reports in total in this period. 59 reports related to hours and rest and 3 related to education opportunities missed. No fines are due but 3 reports remain open, as they are yet to be signed off.

Exception reports by Directorate				
Directorate	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
City and Hackney	0	6	5	1
Tower Hamlets	0	31	31	0
Luton	0	0	0	0
Bedfordshire	0	0	0	0
Newham	0	3	2	1
CAMHS	0	22	21	1
Total	0	62	59	3

Exception reports by Grade				
Directorate	No. exceptions carried over	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY2	0	6	6	0
CT1-3	0	17	16	1
ST4-6	0	39	37	2
Total	0	62	59	3

Exception reports by Action				
Directorate	Payment	TOIL	Not agreed	N/A as no action required
City and Hackney	0	4	0	1
Tower Hamlets	13	11	1	5
Newham	0	1	0	1
Luton	0	0	0	0
Bedfordshire	0	0	0	0
CAMHS	0	22	0	0
Total	13	38	1	7

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY2	0	0	6	0
CT1-3	3	1	11	1
ST4-6	7	3	28	2
Total	10	4	45	3

2.6 Locum bookings for vacant shifts

At a meeting with the Clinical Directors on 23.08.17, it was agreed that directorate rota coordinators would collate the following data regarding the use of internal, bank and agency locums within the directorate: Directorate; Grade of staff; Shifts requested and worked; Number of hours requested and worked; Reason for locum request. At the time of the last report it was proposed that a proforma should be developed to capture this information. However, in the absence of administrator support for the Guardian role, this was not produced. Since the interim guardian has started in post, the data has been collected by rota co-ordinators from 22 August 2018 onward (shown below). Locums are obtained either through bank or through agency to cover ad hoc shifts on rotas.

Vacant shifts on on-call rotas - by month 2018								
Directorate	Grade	Aug 22– 31	Sept 2018	Oct 2018	Nov 2018	Int / bank / agency	Total hours	Total n. shifts
City and Hackney (incl. Forensics)	CT HT	4 1	16 11	22 19	13 9	3 agency 92 internal	900.5	95
Newham	CT	1	15	23	10	35 internal 14 bank	320	49
Tower Hamlets	CT	1	10	5	12	28 internal	258	28
Newham / TH	HT	1	5	0	6	9 internal 3 agency	120	12
Luton	CT	1	5	4	3	7 internal 6 bank	129	13
Beds	CT	4	4	10	3	14 internal 6 bank, 1 agency	176	21
Luton / Beds	HT	0	1	0	3	4 internal	60	4
CAMHS	HT	3	2	3	1	1 internal 8 agency	160	9
Total		16	69	86	60	190 internal 15 agency 26 bank	2123.5	231

2.7 **Work schedule reviews.** No Work Schedule Reviews were carried out in the reporting period. This means that no individual post generated a repeated pattern of exception reporting that would trigger the need for a review of the work schedule.

2.8 **Fines.** No fines levied in this period.

2.9 Qualitative information

2.8.1 The Guardian of Safe Working Hours convened the bi-monthly Junior Doctor Forum on 08.11.18. Issues raised in addition to working hours included job descriptions, contact point for payment queries, rest facilities, out of hours section 12 work, peer support groups for higher trainees, flexible training, rota gaps and recruitment, and the purpose and scope of the Junior Doctors Forum. No core trainee representative was in attendance, and there was no representation from Luton / Beds or CAMHS. Feedback was therefore invited directly by email following the meeting. Dates for 2019 meetings have been set and trainees asked to consider ways in which they would like to use the forum to enhance communication and support for trainees, with a view to providing an outstanding training experience at ELFT.

2.8.2 CAMHS trainees noted that system is still in place for TOIL after their non-resident on calls due to high likelihood of breaches of work schedules. From 02.08.17 Newham and Tower Hamlets have a combined higher trainee on call rota which means one higher trainee covers both sites out of hours. A review of the system by survey brought 8 responses, mostly positive. Since that time a new cohort has started in post, the frequency of the rota has increased, and concerns continue to be expressed by higher trainees about the variation in medical cover across London. In City and Hackney, all new admissions are currently seen by the higher trainee over weekend. In Tower

Hamlets and Newham, only urgent cases are reviewed as a result of the workload of other activity. Some trainees feel this leads to potential for breaches in patient safety, although no specific breaches have been reported.

- 2.8.3 To encourage use of safeguards, the Guardian has presented at December 2018 induction of new starters, fed back to consultant body at the London Medical Committee in December 2018 and has arranged to attend training session with Luton and Beds trainees in January 2019. Email updates have gone in November 2018 to entire medical workforce to remind trainees and their supervisors of the safeguards in place and how to use them. Further workshops are planned together with the trust's BMA representative to encourage reporting and identify any issues. Information on exception reporting and how it should be managed has been sent out to all trainees and trainers. The exception reporting system has continued to be publicised to trainees and consultants. Numbers of exception reports are increasing (100% increase in the last 3 months). Trainees report less reluctance on the part of trainees to report. To date, no work schedule reviews have been undertaken, and no breaches incurring financial penalties have been noted (these would follow working > 48 hours average / week, > 72 hours in any seven consecutive days, rest between shifts reduced to less than eight hours and missing breaks on 25% of occasions (across a four-week reference period).
- 2.8.4 Analysis of exception reports at ELFT finds common themes including seeing a patient late in the shift, needing to stay on to ensure adequate assessment and management, handover of patient care, arranging Mental Health Act assessment, documentation, and overall workload, which in many cases was exacerbated by rota gaps. Additional hours vary from 1 – 3 hours. There are also a number of more unusual occurrences that have prompted late hours including an assault on the ward, and the disclosure of criminal activity by a patient in clinic. CAMHS trainees are exception reporting not getting rest ours on a non-resident rota, which prompts immediate TOIL the following day.
- 2.8.5 The Guardian asks the board to note summary of GMC National Training Survey 2018: (https://www.gmc-uk.org/-/media/documents/training-environments-2018_pdf-76667101.pdf). This annual survey of doctors in training found 'nearly a quarter of doctors in training and just over a fifth of trainers describing feeling burnt out because of their work. Almost a third of trainees said that they are often or always exhausted at the thought of another shift'. Across the UK, 48.83% report they work beyond their rostered hours. The report makes links between quality of training experience, access to rotas before starting a placement, rota gaps, working over rostered hours, heavy workload, missed training opportunities, recruitment, retention, burnout, and patient safety. Responses from trainees in psychiatry found 48% reported working over their rostered hours at least monthly. As a result of the survey, the GMC are 'writing to all employers across the UK to reinforce their obligation to protect time for training', in addition to asking senior leaders to scrutinise local survey data to identify improvements. GMC are also joining with NHS Improvement, the British Medical Association (BMA), the Academy of Medical Royal Colleges, Health Education England, NHS Employers and the Care Quality Commission, to 'set up a working group to collaboratively improve the effectiveness and acceptability of exception reporting for both trainees and employers; and to try to bring about standardisation of the collection and reporting of exception reporting data'. GMC also have started a UK-wide review to look at the factors that impact on the wellbeing of medical students and doctors', led by Professor Michael West and Dame Denise Coia.

2.9 Issues arising

- 2.91 CAMHS higher trainees are working across 5 London Trusts, their rotas will remain non-resident, but have been reviewed to ensure compliance under the new terms and conditions, to which they transitioned in September 2017. The Trainee Reps have been

informed that if they are finding the out of hours busy, the trust will be looking at alternative ways of working such as moving to a full shift resident rota. At present, the system is that if rest period is breached, trainees are given immediate TOIL. CAMHS trainees have been encouraged to exception report these instances. A third of exception reports at ELFT relate to CAMHS on call rota.

- 2.92 Tower Hamlets is contributing a higher proportion of exception reports compared to other boroughs. This is partly related to heavy workload at Royal London Hospital in liaison teams. It also relates to workload during higher trainee on calls covering both Tower Hamlets and Newham.
- 2.93 It remains difficult to access data on locums booked on each rota, and a proforma is in development to collect this data. Data on exception reporting is likely to be required by the GMC in a standardised format in future years.
- 2.94 Supervisors have been very late in signing off reports on the DRS system. More than 2/3 reports were not signed off within 7 days. This is in most cases a result of supervisors' poor awareness of the IT system.
- 2.95 Unfilled posts were at 11% as of December 2018. Vacancies are due to difficulties in recruitment to training posts in psychiatry nationally. Some of these vacancies have since been successfully filled, and it is likely a lower rate will be reported in the next report.
- 2.96 The GMC training survey indicates that trainees across the board are very likely to be under-reporting on exceptions to their rostered hours, and on missed breaks, and missed training opportunities. Trainees, supervisors, and senior leaders should be aware that exception reporting is one part of multiple safeguards in place to ensure patient safety and the safety and experience of training, and forms a part of an overall picture that includes regular clinical and educational supervision, peer support, teaching, use of junior seniors meetings, use of trainee representatives, use of Datix, use of Junior Doctor Forum, involvement in quality improvement, robust channels of communication with clinical directors, awareness of support in case of investigations, awareness of HR policies, provision of independent support for psychiatrists, and awareness of freedom to speak up.

3.0 Recommendations

- 3.1 CAMHS rota and the joint Tower Hamlets and Newham higher trainee rota which jointly provide large amounts of exception reports should remain under review.
- 3.2 The Chief Medical Officer should ensure part time administrative assistant to support the work of the Guardian of Safe Working Hours in collecting high quality data on rota gaps, vacancies and locum shifts.
- 3.3 Chief Medical Officer Clinical Directors, Training Programme Directors, Educational and Clinical Supervisors, Human Resources, Medical Education Department, Guardian of Safe Working Hours, and junior doctors should continue to encourage use of safeguards for trainee wellbeing and to identify areas of heavy workload with implications for patient safety.

4.0 Action Being Requested

- 4.1 The Board is asked to **RECEIVE** and **NOTE** the report for information.