

REPORT TO THE TRUST BOARD - PUBLIC

Title	Quarterly Report on Safe Working Hours: Doctors in Training Quarter 2 2019/2020 1 July 2019 – 30 September 2019
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Purpose of the Report:

The Board is asked to note quarterly 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.

Executive summary of key issues:

- Work schedules at ELFT are compliant with the junior doctor contract and we have not issued fines for any serious breaches.
- Total vacancies remain high at 12%, and absences also contribute to increased workload.
- Exceptions to work schedules are still likely to be under-reported.
- Data from reporting is being used to improve the working lives of our junior doctors.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input type="checkbox"/>	
Improving staff satisfaction	<input checked="" type="checkbox"/>	Provides assurance about monitoring of working hours with impact on junior doctor staff satisfaction.
Maintaining financial viability	<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 and assurance will be provided through monitoring.
Service User/Carer/Staff	No concerns noted at present.
Financial	There are no financial implications attached to this report.
Quality	No concerns noted at present.

Supporting Documents and Research material

a. N/A

1.0 Introduction

- 1.1 This is the fifth report of Guardian of Safe Working Hours at ELFT to be presented to the Board.
- 1.2 The report has been prepared by the interim Guardian and covers reporting submitted from date of last report 1 July 2019 to 30 September 2019.
- 1.3 The board is asked to note the information contained in the report including risks associated with vacant trainee posts and rota gaps, and reports of heavy demand on services which impacts training and safety,

2.0 High level data for ELFT Employed Trainees

- 2.1 Number of posts for doctors in training and number of vacancies (as of August 2019) are listed in the table below. The rate is at 12% overall, with only 7/11 HT posts filled in Luton and Beds. Foundation and GP posts are largely filled. In addition to these vacancies, there are 5 core trainees who are not taking part n on call rota (due to sickness absence or OT requirements) and 1 higher trainee on long term sickness absence across the 9 separate rotas.

Grade	Posts for doctors on 2016 contract			Doctors in training on 2016 contract		
	London	Luton / Beds	Total	London	Luton / Beds	Total
FY 1 - 2	19	11	30	19	11	30
GPSTR	15	8	23	14	7	21
CT1-3	47	9	57	47	5	51
ST4-6	57	11	68	50	4	54
	138	39	178	130	27	156

- 3.0 **Exception reports** (01.07.2019 – 30.09.2019). There were 43 reports in total in this quarter. The majority relate to hours and rest. No fines are due.

Exception reports by Directorate				
Directorate	No. exceptions carried over	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
City and Hackney	0	24	23	1
Tower Hamlets	0	15	15	0
Luton	0	1	1	0
Bedfordshire	0	0	0	0
Newham	0	3	3	0
CAMHS	0	0	0	0
Total	0	43	42	0

3.1

Exception reports by Grade

Directorate	No. exceptions carried over	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY	0	5	5	0
GP VTS	0	5	5	0
CT1-3	0	17	17	0
ST4-6	0	16	15	1
Total	0	43	41	1

3.2 Reports are more evenly distributed among grades, which is encouraging.

Exception reports by Action				
Directorate	Payment	TOIL	Not agreed	N/A as no action required
City and Hackney	5	15	1	3
Tower Hamlets	10	5	0	0
Newham	0	2	0	1
Luton + Beds	0	0	0	1
CAMHS	0	0	0	0
Total	15	22	1	5

3.3 Payments are authorized when it is not possible to take TOIL.

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY2	0	2	3	0
CT1-3	1	2	19	0
ST4-6	0	3	12	1
Total	1	7	34	1

3.4 The majority of reports are taking far longer to be signed off than is acceptable. Response times of 7 days have now been added as a condition of the 2019 amendments to the 2016 Junior Doctor contract.

4.0 Locum bookings

4.1 Locum bookings are made to cover vacant shifts on on-call rotas, the result of vacancies and sickness absence. The vast majority of locum shifts are taken by doctors on the bank, including staff grade doctors. In some cases no locum has been found and an honorarium payment is given to trainee covering more than one bleep for more than 8 hours. This occurred on 6 occasions in the London localities in the period. 330 shifts had to be offered for locum in Q2.

Directorate	Grade	July2019	Aug 2019	Sept 2019	Agency	Total n. shifts
City and Hackney (incl. Forensics)	CT	7	4	5		16
	HT	8	10	10		28
Newham	CT	27	43	27	14	99
Tower Hamlets	CT	11	5	9		25
Newham / TH	HT	8	14	5		27
Luton	CT	4	16	16		36
Beds	CT	16	30	18		64
Luton / Beds	HT	4	16	13	10	33
CAMHS	HT	0	0	2	2	2

Total		85	138	105	26	330
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5.0 Work schedule reviews

5.1 No Work Schedule Reviews were carried out in the reporting period.

6.0 Fines

6.1 No fines have been levied

7.0 Qualitative information

7.1 The 2016 junior doctor contract includes safeguards relating to working hours. Work schedules and on call rotas are designed to comply with the contract. Trainees report breaches in work schedules by exception reporting. Work schedule reviews can take place if there is a need. In particular circumstances, fines can be levied. The role of Guardian of safe working hours is to ensure compliance with the safeguards, act on issues as they arise, and assure the Trust Board that working hours are safe. Guardians are independent of trust management. Exception reporting is considered a sign of a healthy training environment. Reports are increasing (see Appendix 1) and issues are being addressed on an individual basis, although there is room for further improvement.

7.2 The Trust runs a Junior Doctor Forum on a bi-monthly basis chaired by the Guardian and including BMA, medical staffing and medical education representation. The purpose of the forum is to consider any and all issues related to a supportive working environment for junior doctors. The forum is well attended. Separate meetings have also been held for core trainees, for CAMHS trainees, and for less than full time trainee representatives. All meetings have gone ahead as planned and the forum has been positively received. All trainees have access to channels to report on patient safety issues and local concerns directly in addition to this forum.

7.3 Between July 2019 and September 2019 (3 months) 43 exception reports were raised. It is very likely that this is an under-representation of the actual breaches. If the workload as described in the anonymous GMC annual survey were reflected in exception reporting it would produce a figure 9 times greater than our current figure.

7.3 Common themes of exception reports include high demand on services, and understaffing / staff absences (including absence of senior colleagues) impacting on workload and training.

7.4 In addition to monitoring hours and rest, the Guardian at East London NHS FT has been involved in supporting improvements to on call facilities for junior doctors via the BMA Fatigue and Facilities Charter.

8.0 Issues arising

8.1 It is likely that trainees across the board are under-reporting on exceptions to their rostered hours, and on missed breaks, and missed training opportunities. Some localities continue to report far less than others.

- 8.2 Many reports describe a very heavy workload in post and staff absences leading to having to stay late to complete work. Gaps in consultant cover are increasingly being reported as an issue.
- 8.3 From December 2019, additional fineable breaches are included in the contract and it is likely that our non resident on call rotas may breach, and lead to fines.
- 8.5 The trust has been unable to issue on call rotas within the 6 week deadline in some cases. This is the result of delays in information being made available by the GP placement leads, and by Health Education England (the board overseeing placement of trainees) in addition to poor information sharing between departments about trainees returning to practice and those in less than full time work.

9.0 Actions taken to resolve issues

- 9.1 Expectations of consultants have been outlined with regard addressing workload with trainees as part of their weekly supervision, and in reviewing timetables. This has been reiterated with communication from the Chief Medical Officer. Further training is being offered.
- 9.2 Where workload issues are identified, trainees and supervisors have been engaged with Guardian and clinical directors in addressing issues individually. Recruitment and retention is addressed in the Guardian Annual Action Plan, in the Medical Education Annual Plan and in the trust's Medical Workforce Wellbeing Plan.
- 9.3 Guardian will monitor breaches, and advise on changes to rotas if necessary.
- 9.4 A standard operating procedure has been produced for the on call rota process.
- 9.5 Data is in process of being gathered on the experience of exception reporting (any barriers) and ways of using information from reporting to improve the junior doctor experience at East London NHS Foundation Trust.

10.0 Ongoing Risks

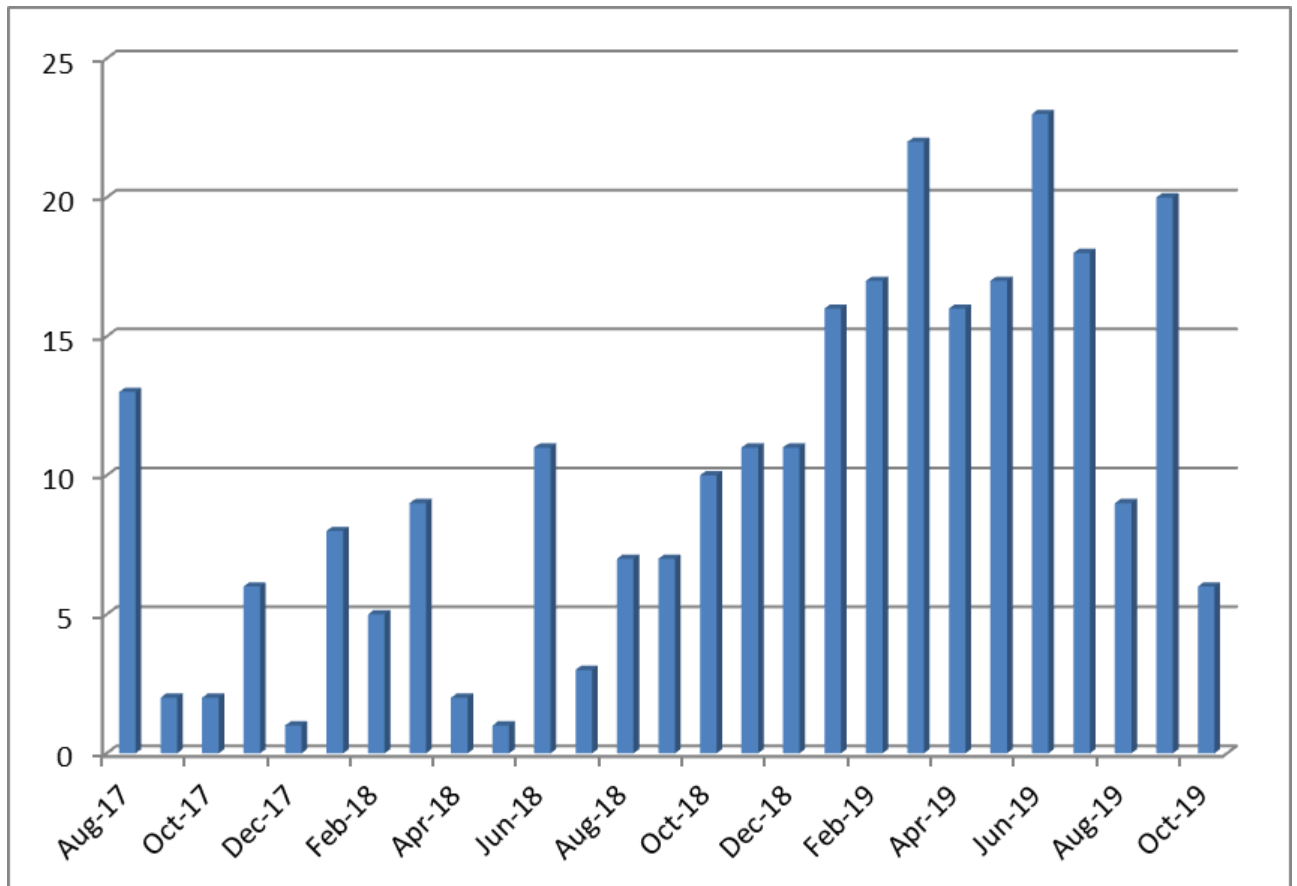
- 10.1 The Board is asked to note the ongoing risks to the organization identified in this report which the Guardian of Safe Working Hours, Medical Workforce Manager, Director of Research, Innovation and Medical Education and Clinical Directors will keep under regular review and remediate wherever possible:
- Ongoing rota gaps and gaps in consultant workforce.
 - The Board is asked to note that most of the ongoing staffing issues within ELFT are related to factors outside the control of the Trust, namely the ongoing difficulties with recruitment into psychiatry.

11.0 Action Being Requested

- 11.1 The Board is asked RECEIVE and NOTE potential areas of concern and the plans in place to quantify risk and identify plans for remediation where necessary.

Appendix 1

Chart: Total exception reports, by number, by month, August 2017 – October 2019, East London NHS FT



Appendix 2:

Case study: exception reporting, 2017 – 2019

We have identified a number of key themes in reporting submitted by trainees:

- On calls are very busy, as are some posts. Trainees prioritise the needs of their patients, and are frustrated when they feel the impact of gaps in the medical workforce, poorly planned team timetables and cover arrangements.
- Exception reports are almost entirely the result of systemic issues.
- In a system in which doctors are heavily dependent on colleagues, apparently minor change can lead to major knock-on effects.
- Rota gaps, vacancies and cover for absence of colleagues are inevitable, but it's key that these are recorded as a measure of staffing issues.
- Administrative failures such as mistakes in work schedules, delays in replying to queries, delays in booking locums, delays in payment are extremely demoralising, as is late access to rotas.
- Being paid on time, correctly, and getting the right information is critical to trainee's experience of working in the trust.

Exception reporting is a positive development of the 2016 contract that has allowed a number of issues to be addressed in real time. It also highlights the considerable pressures of working in a system which is stretched in terms of demand, flow and staffing.