

**REPORT TO THE TRUST BOARD – PUBLIC
9 MAY 2019**

Title	Annual Report from Guardian of Safe Working for Doctors and Dentists in Training 01.02.17 – 31.01.18
Author	Dr Cathie O’Driscoll: Guardian of Safe Working
Accountable Executive Director	Dr Paul Gilluley, Chief Medical Officer

Purpose of the Report:

The Board is asked to note the first annual report from the ELFT Guardian of Safe Working. This report provides data on the number of junior doctors in training in the Trust as well rota gaps, vacancies and locum use in the first year of implementation of the 2016 Junior Doctor Contract.

The first trainees in ELFT were employed on the new contract on 01.02.17 and implementation was completed in ELFT on 01.09.17.

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 with particular attention to rota gaps, vacancies and locum use.

Summary of Key Issues:

- Overall vacancy rate and associated costs of locum use for rota gaps are detailed. The issue of vacancies of junior medical staff is an issue for Health Education England.
- There are low level of exception reporting over the first year of the new contract. Additional steps are being undertaken to publicise the exception reporting system among consultants and trainees and to encourage a culture of exception reporting within the organisation.

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

Improved patient experience	<input checked="" type="checkbox"/>	Ensuring junior medical staff are working safely within the contract will lead to an improved patient experience.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	Ensuring junior medical staff are working safely within the contract will lead to an improved health in the communities we serve.
Improved staff experience	<input checked="" type="checkbox"/>	Ensuring junior medical staff are working safely within the contract will lead to an improved staff experience.
Improved value for money	<input checked="" type="checkbox"/>	Ensuring junior medical staff are working safely within the contract will lead to an improved value for money.

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
	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	Should improve the quality of care we provide for service users and all staff should have improved experience.
Financial	Minimal impact
Quality	Impact on quality of service provision and care of patients

Supporting Documents and Research material

a. Appendices: Trust Board Quarterly Guardian reports dated 27.04.17, 19.10.17 and 22.02.18

Glossary

Abbreviation	In full
GoSW	Guardian of Safe Working
FY	Foundation year doctors
CT	Core trainee doctors
ST	Specialist trainee doctors
GPST	General practice specialist trainee doctors
LAS	Locum for Service doctors

1.0 Background / Introduction

- 1.1 This is the first annual report by the ELFT Guardian of Safe Working provides details of the first year of transition of doctors in training in ELFT to the 2016 Junior Doctor Contract. Implementation of the 2016 contract commenced in ELFT on 01.02.17 and the final trainees transitioned to the new contract on 01.09.17. The 2016 contract provides regulations for Safe Working for doctors in training. It created the new post of a Trust Guardian of Safe Working to monitor any breaches of safe working. The annual report provides details of rota gaps, locum use and vacancy rates within ELFT. This report quantifies the level of exception reporting (when trainees are working beyond their contractual obligations) for the time period 01.02.17 to 31.01.18.
- 1.2 Under the 2016 Junior Doctor Contract, safe working parameters are defined and trainees are encouraged to report when they have either been working outside their contractual obligations (hours and rest) or when they have been unable to attend their required educational/training commitments (education).
- 1.3 The annual report aims to provide the Trust Board with an overview of the annual use of locums for trainee doctor rotas through agency, bank or internal arrangements together with the associated costs. Future annual reports will be able to identify changes and trends on a year by year basis, both in the use of locums and in how exception reporting is being taken up within the Trust.

2.0 Report

High level data

Number of training posts in ELFT by grade and whether lead employer.

	FY	GPST	CT	ST	Sub Total
Host	26	25	0	10	61
Lead Employer	2	0	55	62	119
				Total	180

Annual data summary

This section lists all vacancies among the medical training grades (including trust doctors) during the previous year (February 2017 to January 2018). This is a rota by rota aggregate of the relevant data. These figures are reported for each rota start date separately, split by rota and grade i.e. whether core or higher trainee.

Rota by rota vacancy rate for trainees:

	Lon CT		Lon ST		Luton & Beds	
Rotation	Vacancies	LAS	Vacancies	LAS	Vacancies	LAS
Feb-17	1	1	11	4	1	0
Apr-17	3	3	11	4	1	0
Aug-17	4	2	7	1	6	0
Dec-17	1	1	7	1	1	0
Total	9	7	36	10	9	0

NB. Any doctors working as Locums for Service (LAS) are not covered by the Terms and Conditions of Service of the 2016 Junior Doctor Contract

Use of Agency Locums and Associated Costs Over Time Period 01.02.17 – 31.01.18

Specialty	Directorate	Feb - Apr		May - Jul		Aug - Oct		Nov - Jan		Sub Totals
		Hrs Worked	Cost	Hrs Worked	Cost	Hrs Worked	Cost	Hrs Worked	Cost	
Psychiatry	City & Hackney	504.36	£26,179.66	94	£ 4,742.66	34.5	£ 1,838.70	4	£213.18	£32,974.20
	Newham	59.46	£2,902.48	52.5	£ 2,157.43	275.92	£12,246.90	112	£5,861.86	£23,168.67
	Tower Hamlets	12	£586.73	37.5	£ 1,665.15	0	£0.00	12	£532.85	£2,784.73
	Specialist Services	0	£0.00	0	£0.00	24	£ 1,290.43	0	£0.00	£1,290.43
	Forensics	230	£9,360.08	24	£ 1,281.60	0	£0.00	106	£5,649.35	£16,291.03
	MHCOP CHN	0	£0.00	195.5	£10,267.73	0	£0.00	0	£0.00	£10,267.73
	Bedford	677.5	£35,245.67	72	£ 3,197.10	555	£26,587.64	674.4	£35,824.23	£100,854.64
Luton	108	£5,180.79	88	£ 3,894.56	310	£18,279.77	765	£46,660.26	£74,015.38	
Total		1591.32	£79,455.41	563.5	£27,206.23	1199.42	£60,243.44	1673.4	£94,741.73	£261,646.81

Use of Bank Locums and Associated Costs Over Time Period 01.02.17 – 31.01.18

Specialty	Directorate	Feb - Apr		May - Jul		Aug - Oct		Nov - Jan		Sub Totals
		Hrs	Cost	Hrs	Cost	Hrs	Cost	Hrs	Cost	
Psychiatry	City & Hackney	409	£125,211.73	509.5	£20,628.56	706	£28,526.72	172.5	£7,465.07	£181,832.08
	Newham	434	£16,947.08	578.5	£19,604.73	132.5	£5,720.03	246	£10,619.82	£52,891.66
	Tower Hamlets	138.5	£4,898.33	59.5	£2,568.62	101.5	£4,381.76	106	£4,576.02	£16,424.73
	Specialist Services	37	£1,273.52	0	£0.00	29.5	£1,273.52	0	£0.00	£2,547.04
	MHCOP CHN	0	£0.00	0	£0.00	49.65	£2,143.39	0	£0.00	£2,143.39
	Bedford & Luton	0	£0.00	127.5	£4,748.46	17.5	£645.00	264.75	£8,122.53	£13,515.99
	Total									

Use of Internal Locums and Associated Costs Over Time Period 01.02.17 – 31.01.18

Specialty	Directorate	Feb - Apr		May - Jul		Aug - Oct		Nov - Jan		Sub Totals
		Hrs	Cost	Hrs	Cost	Hrs	Cost	Hrs	Cost	
Psychiatry	City & Hackney	421.5	£15,230.16	391.25	£14,408.84	267.67	£8,524.94	94.5	£3,539.21	£41,703.15
	Newham	531.5	£17,391.40	413	£13,243.33	422	£14,096.85	119.5	£5,002.96	£49,734.54
	Tower Hamlets	140.5	£5,149.78	171.5	£5,242.22	122.5	£4,207.61	147.5	£6,467.30	£21,066.91
	Specialist Services	320	£10,535.00	305	£11,005.41	181.25	£6,720.96	104	£3,048.72	£38,031.05
	Forensics	151.5	£5,265.28	70	£2,301.43	57	£2,874.36	13.5	£582.80	£11,023.87
	Bedford & Luton	354.5	£11,227.68	546	£17,539.55	685.4	£22,728.70	702.1	£23,715.06	£75,210.99
	Total									

3.0 Issues arising

- 3.1 The high levels of vacancies within the Trust are largely due to difficulties in recruitment to core training posts in psychiatry nationally. This is currently a bigger problem in the East of England Deanery than the London Deanery but the situation is forecast to deteriorate further over the next few years. This also explains the very high rate of agency use by the Bedfordshire and Luton Directorates. There are simply too few trainees working in those directorates to provide high levels of bank locum cover for rota gaps
- 3.2 The Chief Medical Officer has agreed funding for a part time administrative assistant to support the work of the Guardian of Safe Working. This should improve data collection.

4.0 Summary

4.1 In summary, the Board is asked to note the vacancy levels in both core and higher trainee rota. This is most marked in Luton and Bedfordshire and is principally due to the difficulty experienced by Health Education England in recruiting to training rotations in psychiatry. Although it is possible to quantify the costs of locums to cover rota gaps, the data is not available to determine how much these costs are excess of the salaries which would have been paid in a situation of full staffing.

5.0 Exception Reporting in ELFT

5.1 The following tables detail the total number of exception reports generated within ELFT over the first year of introduction of the 2016 Junior Doctor Contract and the outcomes. Forty exception reports were generated about hours and rest and only two related to education:

Exception reports by Directorate			
Directorate	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
City and Hackney	1	1	0
Tower Hamlets	37	35	2
Luton	1	1	0
Bedfordshire	0	0	0
Newham	0	0	0
CAMHS	3	3	0
Total	42	40	2

Exception reports by Grade			
Directorate	No. exceptions raised	No. exceptions closed	No. exceptions Outstanding
FY2	1	0	1
CT1-3	25	24	1
ST4-6	16	16	0
Total	42	40	2

Exception reports by Action				
Directorate	Payment	TOIL	Not agreed	N/A as no action required
City and Hackney	0	1	0	0
Tower Hamlets	20	11	0	2
Newham	n/a	n/a	n/a	
Luton	0	1	2	
Bedfordshire	n/a	n/a	n/a	
CAMHS	0	3	0	
Total	20	16	2	2

NB: Two reports not yet resolved

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY2				1
CT1-3	0	11	11	1
ST4-6	3	3	12	0
Total	3	14	23	2

6.0 Issues arising

- 6.1 The exception reporting within ELFT is lower than would be expected. The Guardian of Safe Working undertook a survey in February 2018 for both consultants and trainees within the Trust. Response rates for both groups were below 20% but highlighted the ongoing need within the organization to continue to publicize the exception reporting system and to reassure trainees that the Trust is supportive of the process and that trainees will not be penalized for exception reporting. This is supported by the fact that nearly all of the exception reports were managed through a payment or TOIL (time off in lieu). Increasing levels of awareness among both trainees and consultants will facilitate a faster response time for sign off of the reports.
- 6.2 It has not been necessary to undertake a work schedule review of any trainee post or to levy any fines for statutory breaches of safe working. One emerging theme has been the reporting of issues concerning the new resident rota for higher trainees working across Tower Hamlets and Newham on a resident rota. All of the exception reports regarding this rota have been reported under Tower Hamlets. The rota is currently being reviewed by the ELFT Medical Director for Research, Innovation and Medical Education

7.0 Actions required

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

Appendices

Appendix 1: Quarterly Report on Safe Working Hours: Doctors and Dentists in Training: 1 Feb 2017 – 23 March 2017

Appendix 2: Quarterly Report on Safe Working Hours: Doctors and Dentists in Training: 27 April 2017-19 October 2017

Appendix 3: Quarterly Report on Safe Working Hours: Doctors and Dentists in Training: 19 October 2017 – 22 February 2018

REPORT TO THE TRUST BOARD- PUBLIC
22 February 2018

Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training 19 October 2017 – 22 February 2018
Author	Cathie O'Driscoll, Serious Incident Reviewer and Honorary Consultant Psychiatrist
Accountable Executive Director	Chief Medical Officer

Purpose of the Report:

The Board is asked to note the third quarterly report from the ELFT Guardian of Safe Working 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:

- The need to establish reliable data on locum use throughout the Trust
- Low levels of exception reporting within ELFT and the reasons for this
- Risk to the organisation associated with ongoing vacancies and associated rota gaps

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

Improving service user satisfaction	<input checked="" type="checkbox"/>	
Improving staff satisfaction	<input checked="" type="checkbox"/>	
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

Glossary

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1.0 Introduction

1.1 This is the third quarterly report to be presented to the Board. The main changes that the Board is asked to note are the following:

- Details of exception reports received to date will be outlined in this report
- The Board is asked to note the information contained in the report including locum cover and the risks associated with vacant trainee posts and rota gaps

2.0 High level data for ELFT Employed Trainees

2.1 Number of posts for doctors in training – ELFT as Lead Employer:

Grade	Number of posts for doctors / dentists in training (total):		
	London	Beds & Luton	Total
CT1-3	41	9	50
ST4-6	55	3	58
		TOTAL	108

Grade	Number of doctors / dentists in training on 2016 TCS (total):		
	London	Beds & Luton	Total
CT1-3	40	8	48
ST4-6	50	2	52
		TOTAL	100

- Amount of time available in job plan for guardian to do the role: Payment agreed through bank
- Admin support provided to the guardian (if any): None allocated
- Amount of job-planned time for clinical supervisors: None allocated

2.2 Additionally, there are currently four specialty doctors on the higher trainee rotation in Luton and Bedfordshire

a) Exception reports (with regard to working hours)

Exception Reports (04.10.17 – 06.02.18). There were 10 reports relating to hours and rest and 0 reports relating to education.

No fines are due but some reports remain open.

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	0	0	0

Tower Hamlets	0	7	5	2
Luton	0	0	0	0
Bedfordshire	0	0	0	0
Newham	0	0	0	0
CAMHS	0	3	3	0
Total	0	10	8	2

Exception reports by Grade				
Directorate	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY2	0	1	0	1
CT1-3	0	1	0	1
ST4-6	0	8	8	0
Total	0	10	8	2

Exception reports by Action				
Directorate	Payment	TOIL	Not agreed	N/A as no action required
City and Hackney	n/a	n/a	n/a	
Tower Hamlets	0	5	0	
Newham	n/a	n/a	n/a	
Luton	n/a	n/a	n/a	
Bedfordshire	n/a	n/a	n/a	
CAMHS	0	3	0	
Total	0	8	0	

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

b) Work schedule reviews

No Work Schedule Reviews were carried out in the reporting period

c) Locum bookings internal

At a meeting with the Clinical Directors on 23.08.17, it was agreed by the Clinical Directors that all directorate rota co-ordinators would collate for the GoSW 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

For the preparation of this report, the GoSW has received this data from all directorates except Newham (sickness absence of staff member). However, analysis of the data has revealed discrepancies in the way the data has been presented between directorates (probably because the original request from the Guardian was insufficiently detailed). The data cannot be assured in its current form. Therefore it is proposed to prepare a detailed analysis of all locum use for the first year of 2016 Junior Doctor Contract implementation (which commenced in ELFT on 01.02.17) to include financial analysis for presentation to the Trust Board in the GoSW Annual report at the next Trust Board Meeting

Locums are obtained either through bank or through agency to cover ad hoc shifts on rotas and the following numbers for ELFT through each system are detailed below:

d) Agency

Month	Grade	Reason	Total
October -17	N/A		0
November - 17	ST4-6	vacancy	1
December - 17	ST4-6	vacancy	1
January - 18	CT 1-3	vacancy	1
	ST4-6	vacancy	1
Grand Total			4

a) Vacancies by month

Vacancies by month							
Directorate	Grade	October 2017	November 2017	December 2017	January 2018	(Total gaps average)	Number of shifts uncovered
City and Hackney (incl. Forensics)	CT	0.5	0.5	0.5	0.5		
	ST	3	3	3	3		
Newham	CT	0	0	0	0		
	ST	1	1	1	1		
Tower Hamlets	CT	0	0	0	0		
	ST	0	0	0	0		
Luton and Bedfordshire	CT	1	1	1	1		
	ST	1	1	1	1		
CAMHS	ST	1	1	1	1		
Total		7.5	7.5	7.5	7.5		

b) Fines

This section lists all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report indicates the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed would be attached as an appendix¹ but at this time is not applicable.

Fines by Directorate		
	Number of Fines Levied	Value of Fines Levied
City and Hackney	0	N/A
Newham	0	N/A
Tower Hamlets	0	N/A
Luton and Bedfordshire	0	N/A
Total	0	N/A

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
N/A	N/A		

3.0 Qualitative information

- 3.1 The Guardian of Safe Working convened a further Junior Doctor Forum which took place on 09.11.17 and attended the JLNC on 27.11.17 where issues arising from the second Trust Board Quarterly Report were discussed
- 3.2 A survey is currently in planning to assess the level of knowledge of trainee doctors and their consultant clinical supervisors about exception reporting and how it should be managed. It is noted that low numbers of exception reports continue to be received and, to date, no work schedule reviews have been undertaken.

4.0 Issues arising

- 4.1 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. A pan rota meeting between HR representatives, Guardians and the CAMHS higher trainees took place on 22.11.17 to clarify the new arrangements. It has been agreed that ELFT will act as co-ordinator for the rota

¹ This information will be used to inform the organization's annual report, which must include clear detail on how the money has been spent (Schedule 5, para. 15).

- 4.2 The Luton and Bedfordshire higher trainees will remain non-resident, but rotas have been being revised to ensure compliance under the new terms and conditions; including allocated handover time between shifts
- 4.3 From 02.08.17, Newham and Tower Hamlets now have one resident higher trainee covering both sites out of hours. Some exception reports have been generated as a result of this change which raised concerns at the last Junior Doctor Forum on 09.11.17. However, some issues arising from the new system could not be addressed through the exception reporting mechanism. At a meeting of the JLNC on 27.11.17, the interim Chief Medical Officer confirmed that there would be a formal review of the new arrangements to be completed by the end of March 2018

5.0 Ongoing Risks

- 5.1 The Board is asked to note the ongoing risks to the organization identified in this report which the Guardian of Safe Working, Medical Workforce Manager, Director of Medical Education and Clinical Directors will keep under regular review and remediate wherever possible:
- Ongoing rota gaps in Luton and Bedfordshire. Full year data to precisely quantify this risk will be included in the GoSW annual report to be presented at the next Trust Board
 - It is clear that the more prescriptive rota rules outlined within the Terms and Conditions of Service in the 2016 Junior Doctor Contract have impacted on the ability of ELFT trainees to internally cover rota gaps. Measures are being put in place to prospectively quantify any possible increase in rota gaps and full year data will be provided in the annual report

6.0 Action Being Requested

- 6.1 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

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING (SAMPLE TEMPLATE)

Executive summary

The board is asked to note the first quarterly report provided by the ELFT Guardian of Safe Working in line with statutory requirements.

The report details:

- The role and responsibilities of the Guardian of Safe Working
- The first meeting of the ELFT Junior Doctors' Forum under the terms and conditions of service of the 2016 Junior Doctor Contract
- The baseline figures of exception reporting from the time period 01.02.17 (when the first ELFT trainees commenced on the new contract) up to 23.03.17 (the date of the first ELFT Junior Doctors' Forum)
- The board is asked to note that the Guardian will provide quarterly reports and an annual report to the board in line with designated assurance responsibilities

Introduction

The Guardian of Safe Working is a new post established by the Department of Health in relation to the new Junior Doctor Contract implemented in 2016. The duties of the Guardian of Safe Working as defined in the terms and conditions of the new contract are as follows:

- To act as the local champion of safe working hours
- To provide assurance on safe working and compliance with the terms and conditions of service of the 2016 contract
- To oversee safety related **exception reports** and monitor compliance
- To escalate issues for action where not addressed locally
- To intervene to mitigate safety risks
- To require work schedule reviews to be undertaken where necessary
- To intervene where issues are not being resolved satisfactorily
- To distribute monies received as a result of fines for safety breaches

These duties will be carried out through analysis of exception reporting in conjunction with the establishment of a Junior Doctors' Forum as per TCS for the new service and the production of quarterly and annual reports to ELFT Trust Board. The ELFT Junior Doctors' Forum Terms and Conditions have been agreed and the first meeting of the Forum took place on 23.03.17. The Forum will meet quarterly and dates for the three remaining meetings for 2017 have been agreed. The Forum has three main tasks:

- To review the exception reports and any work schedule reviews undertaken by the Guardian or Director of Medical Education

- To review the performance of the Guardian of Safe Working
- To scrutinize the distribution of any fines levied for breaches in safe working

Activities Undertaken by the Guardian of Safe Working

The Guardian was formally appointed at interview on X August 2016 for a period of three years. The Guardian has attended two national events for Guardians on 26.07.16 and 14.03.16. Additionally, the Guardian presented to the London trainees at an academic meeting on 11.01.17 and the Luton and Bedford trainees on 12.04.17. The Guardian is a member of a national electronic network for GoSW and is able to access expertise and assistance in the duties of the role through the network

High level data

Number of doctors / dentists in training (total):	XXX
Number of doctors / dentists in training on 2016 TCS (total):	XXX
Amount of time available in job plan for guardian to do the role:	X PAs / y hours per week
Admin support provided to the guardian (if any):	XX WTE
Amount of job-planned time for educational supervisors:	0.XX PAs per trainee

a) Exception reports (with regard to working hours)

This section should include raw aggregated data, broken down by specialty, grade and rota. Where an employer has a large number of doctors in training, it may be more appropriate to include total figures by grade and then detail on a small number (no more than 10) of specialties and/or rotas that give the most reason for concern (eg those with large numbers of exceptions reported). In such cases, the full data set should be included at the end of the paper as an appendix. There should additionally be an aggregated table of all reports indicating the timeframes within which they have been addressed or otherwise responded to. Where reports have not been addressed in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below – should set out the areas where this happened and what has been done to address this.

For example:

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
A&E	0	4	4	0
Acute Medicine	0	7	7	0
Cardiology	1	2	3	0
Total	1	13	14	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	1	2	3	0
F2	0	10	10	0
CT1-2 / ST1-2	0	1	1	0
Total	1	13	14	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
A&E	0	4	4	0
Acute Medicine	0	7	7	0
Cardiology	1	2	3	0
Total	1	13	14	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	0	2	1	0
F2	0	8	2	0
CT1-2 / ST1-2	0	1	0	0
ST3-8	0	0	0	0
Total	0	11	3	0

Note: Any employer who still has doctors on the old 2002 contract (almost all employers until October 2017 and lead employers (and associated host organisations) for some time after this) will additionally need to include information on hours monitoring / diary card exercises to ensure that assurance can be given for all doctors in training, not only those on the new TCS.

For example:

Hours monitoring exercises (for doctors on 2002 TCS only)					
Specialty	Grade	Rostered hours	Monitored hours	Banding	WTR compliant (Y/N)
Rheumatology	ST3+	45.25	46.5	1B	Y
Dermatology	ST3+	42.5	41	1B	Y
Neurosurgery	ST3+	47.75	n/a*	1A	Y**

* The response rate to this exercise was below 75% so no statistically valid figures are available.

** The response rate to this exercise was below 75% but no issues with shift lengths or breaks were reported and the rota has historically been compliant

b) Work schedule reviews

This section should include raw aggregated data on the number of work schedules reviewed in the past quarter as a result of exception reporting, broken down by specialty, grade and rota. This could be broken down by grade only, or if there were a concentration in a small number of departments (likely) then also split by department. As with exception reports, where work schedule reviews have not been carried out in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below - should set out the areas where this happened and what has been done to address this. The narrative should also indicate whether any reviews went to a higher (level 2, level 3) stage (this should be very few). Any open appeals (currently at level 2 or 3) with regard to work schedule reviews should also be noted in this section.

For example:

Work schedule reviews by grade	
F1	5
F2	1
CT1-2 / ST1-2	1
ST3+	0

Work schedule reviews by department	
Acute medicine	4
General surgery	2
Radiology	1

c) Locum bookings

i) Bank

This section should start by presenting a cost summation (in cash terms) of bank usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. This section should then list, in aggregated fashion, all the locum work requested and worked via the bank during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
A&E	15	4	11	150	40
Acute Medicine	1	1	0	13	13
Radiology	4	4	0	32	32
Total	20	9	11	195	85

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
CT1-2	19	8	11	182	72
F1	1	1	0	13	13
Total	20	9	11	195	85

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy	14	4	10	140	40
Sickness	2	1	1	23	13
Increase in workload	4	4	0	32	32
Total	20	9	11	195	85

** It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting "last minute" bookings for any reason other than short term sickness.*

ii) Agency

This section should start by presenting a cost summation (in cash terms) of agency usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. It may also be sensible to highlight areas where the agency capped rates have been breached.

This section should then list, in aggregated fashion, all the locum work requested and worked via an agency during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
A&E	11	11	110	110
General surgery	5	4	65	52
Total	16	15	175	162

**It might also be useful to include a narrative explaining how the work left uncovered by unfilled requests was delivered. For example: Were clinics cancelled? Were teams left to cope with fewer staff? Did consultants pick up the slack? Did non-resident on-call staff have to come in and so breach rest requirements?*

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-2	11	11	110	110
ST3-8	5	4	65	52
Total	16	15	175	162

Locum bookings (agency) by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	10	10	100	100
Sickness	6	5	75	62
Total	16	15	175	162

***It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting "last minute" bookings for any reason other than short term sickness.*

d) Locum work carried out by trainees

This section should identify, in an anonymised fashion (perhaps referencing specialty and grade), doctors who have been carrying out work as a locum for the trust via the staff bank (as per the TCS), outside of the contract of employment (via an agency) or for another NHS organisation (via another staff bank, again, as per the TCS). This should be aggregated in a similar fashion to the locum usage above, aggregating the number of shifts worked, the total hours worked, and the overall total hours worked once contracted hours have been considered.

Once again, if there are a large number of trainees undertaking such work, it may be appropriate only to list here the trainee(s) whose patterns of work might give cause for concern (i.e. those working the most hours)

For example:

Locum work by trainee						
Specialty	Grade	Number of shifts worked	Number of hours worked	Number of hours rostered per week	Actual hours worked per week	Opted out of WTR?
A&E	CT2	2	20	44.75	46.25	Y
A&E	CT2	2	20	44.75	46.25	N
Acute medicine	F1	1	13	47.5	48.5	Y
Radiology	ST1	4	32	40	43	N
Cardiology	ST5	2	26	45.5	47.5	Y
General surgery	ST6	6	78	46.5	52.5	Y
Total		17	189			

Note: In the above example, two trainees have breached the 48-hour limit; however, both have opted out of the working time regulations (WTR) and are therefore not in breach of contract, whether they are working safely or not would depend upon the pattern of their work.

e) Vacancies

This section should list all vacancies among the medical training grades (including trust doctors) during the previous quarter. These should be reported for each month separately, split by specialty / rota and grade.

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered
A&E	CT2	1	1	1	1	66
Clinical biochemistry	ST6	1	1	1	1	60
Plastic surgery	ST5	0	0	1	0.33	17
Total		2	2	3	2.33	143

f) Fines

This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed should be attached as an appendix¹.

For example:

Fines by department		
Department	Number of fines levied	Value of fines levied
Acute medicine	2	£34.67
Cardiology	1	£15.65
Total	3	£50.32

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£175.23	£50.32	£173.00	£52.32

Qualitative information

This section should be a short narrative outlining any other information that the guardian has picked up feels it is necessary to share, for instance through discussions with trainees and/or supervisors or via the junior doctor forum.

Issues arising

This section is the key part of the paper and should be used to draw together the above data into a narrative to highlight any possible areas of concern with regard to safe working hours – including any concerns that guardian may have over the amount of time available for supervisors and / or the

¹ This information will be used to inform the organisation's annual report, which must include clear detail on how the money has been spent (Schedule 5, para. 15).

guardian him/herself to do the job. The guardian should attempt to triangulate the data about working hours – for example, cross-referencing locum usage, vacancies, fines and exception reports to identify departments, rotas or grades which may be at particular risk of breaching safe working. It should not be used to highlight individual trainees whose own practices may be putting them at risk – such matters should be dealt with via appropriate trust processes. This is the place to highlight system, cultural or work pressure issues which may put doctors at risk.

Actions taken to resolve issues

This section should describe any actions already taken to resolve the issues described above. It may be possible to draw in data on work schedule reviews to indicate concerns which have already been addressed, however, it may be that the guardian has to use this section to highlight departments which have not, cannot or (in a small number of cases) will not take appropriate steps to ensure safe working hours.

Summary

This section should be a short summation of the information above, and should be used by the guardian to make an overall statement about the working hours across the organisation. This is the key quality assurance statement for the board, so the guardian should take the opportunity to give a view both as to overall working hours across the organisation and to any concerns that there may be about specific departments.

Questions for consideration

If the guardian is comfortable with the overall safety of working hours in the organisation, or feels that while there are issues, these are on the way to being resolved, then this section may simply ask the board to note the report and to consider the assurances provided by the guardian.

If on the other hand the guardian feels that there are issues outlined in the report which are not being (or cannot be) tackled, then the guardian should use this section to ask the board to consider what escalation, internally, externally or both, might be recommended in order to ensure that safe working hours would not be compromised in the future.

Appendices

As indicated in the text above.

**REPORT TO THE TRUST BOARD- PUBLIC
19 OCTOBER 2017**

Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training 27 April 2017-19 October 2017
Author	Cathie O'Driscoll, Serious Incident Reviewer and Honorary Consultant Psychiatrist
Accountable Executive Director	Chief Medical Officer

Purpose of the Report:

The Board is asked to note the second quarterly report from the ELFT Guardian of Safe Working which provides data about the number of junior doctors in training in the Trust, full transition to the 2016 Junior Doctor contract and any issues arising therefrom. 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:

- All doctors in training in ELFT have now transitioned to the 2016 Junior Doctor Contract
- The mechanisms for Exception Reporting are now in place and in use with data provided in the report
- The main risk to the organisation is through gaps in rotas and monitoring is now being put in place to quantify this and so facilitate remediation

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

Improving service user satisfaction	<input checked="" type="checkbox"/>	
Improving staff satisfaction	<input checked="" type="checkbox"/>	
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

Glossary

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1.0 Introduction

1.1 This is the secondly quarterly report to be presented to the Board in 2017 (the first report was discussed at the April Trust Board Meeting on 27th April 2017). This report has been delayed because of lack of synchronicity with Trust Board meetings (which occur two monthly) and the fact that there was no available space on the agenda of the September Trust Board meeting. The main changes that the Board is asked to note are the following:

- Transition to the 2016 Junior Doctor Contract for all doctors in training in the Trust was completed in September 2017
- Changes to higher trainee rotas which aim to ensure compliance with safe working will be described in the paper
- Details of exception reports received to date will be outlined in this report
- The Board is asked to note that this report has been discussed in draft form at the Junior Doctor Forum meeting held on 10th August 2017
- Issues identified through the Junior Doctors Forum meeting were addressed by the Guardian of Safe Working and Medical Workforce Manager in a meeting with the Clinical Directors and Associate Medical Directors on 23.08.17
- The Board is asked to note the information contained in the report including risks associated with vacant trainee posts and associated rota gaps

2.0 High level data for ELFT Employed Trainees

2.1 Number of posts for doctors in training – ELFT as Lead Employer:

Grade	Number of posts for doctors / dentists in training (total):		
	London	Beds & Luton	Total
CT1-3	45	5	50
ST4-6	55	3	58
		TOTAL	108

Grade	Number of doctors / dentists in training on 2016 TCS (total):		
	London	Beds & Luton	Total
CT1-3	45	3	48
ST4-6	49	1	50
		TOTAL	92

- Amount of time available in job plan for guardian to do the role: Payment agreed through bank
- Admin support provided to the guardian (if any): None allocated
- Amount of job-planned time for clinical supervisors: None allocated

2.2 Additionally, there is one specialty doctor currently on the higher trainee rota between Tower Hamlets and Newham. This situation will last until February 2018. There are currently four specialty doctors on the higher trainee rotation in Luton and Bedfordshire

a) Exception reports (with regard to working hours)

Exception Reports (from 01.02.17- 04.10.17). There were 30 reports relating to hours and rest and 2 reports relating to education.

No fines are due and all reports have been closed.

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	1	1	0
Tower Hamlets	0	30	30	0
Luton	0	1	1	0
Total	0	32	11	0

Exception reports by Grade				
Directorate	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT1-3	0	24	24	0
ST4-6	0	8	8	
Total	0	32	32	0

Exception reports by Action				
Directorate	Payment	TOIL	Not agreed	N/A as no action required
City and Hackney	0	1	0	0
Tower Hamlets	20	6	0	2
Luton	0	1	2	0
Total	20	8	2	2

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
CT1-3	0	11	11	0
ST4-6	0	2	8	0
Total	0	13	19	0

b) Work schedule reviews

No Work Schedule Reviews were carried out in the reporting period

c) Locum bookings

The Guardian of Safe Working and Medical HR are currently unable to provide data for locum bookings (either internal trainee or bank) in terms of the following indices:

- Directorate
- Grade of staff
- Shifts requested and worked
- Number of hours requested and worked
- Reason for locum request

This is because data has not previously been collated in this format by the directorate rota coordinators. Nor is it yet possible to provide a cost summation of locum usage per quarter. A meeting has been requested with the clinical directors to agree that such data will be collated going forward to inform future Board reports.

d) Agency

Month	Grade	Reason	Total
Apr-17	FY2 (Formerly SHO)	Annual Leave	3
		Vacant rota slot	2
	CT1	Annual Leave	1
		Vacant post	2
	ST4	Annual Leave	1
May-17	FY2 (Formerly SHO)	Annual Leave	1
	CT1	Sickness	2
		Vacant post	1
	CT3	Sickness	1
	ST4	Other	1
Jun-17	CT1	Annual Leave	3
		Other	1
	CT3	Sickness	2
	ST4	Other	1
July - 17	CT1-3	Maternity	1
		Sickness	1
		Vacancy	1
	ST4-6	Vacancy	1
		Vacant post	1
August - 17	CT1-3	Vacancy	1
	ST4-6	Vacancy	1
Grand Total			29

e) Vacancies

Vacancies by month							
Directorate	Grade	May 2017	June 2017	July 2017	August 2017	(Total gaps average)	Number of shifts uncovered
City and Hackney (incl. Forensics)	CT	1	1	1	0		
	ST	2	2	2	3		
Newham	CT	1	1	1	0		
	ST	2	2	2	2		
Tower Hamlets	CT	1	1	1	0		
	ST	2	2	2	0		
Luton and Bedfordshire	CT	0	0	0	2		
	ST	0	1	1	2		
CAMHS	ST	n/a	n/a	n/a	n/a		
Total		9	10	10	9		

There is missing data on the total gaps and uncovered shifts caused by vacancies for a similar reason; that rota co-ordinators have not previously been asked to collate data in this format

f) Fines

This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed should be attached as an appendix¹.

Fines by Directorate		
	Number of Fines Levied	Value of Fines Levied
City and Hackney	0	N/A
Newham	0	N/A
Tower Hamlets	0	N/A
Luton and Bedfordshire	0	N/A
Total	0	N/A

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
N/A			

¹ This information will be used to inform the organization's annual report, which must include clear detail on how the money has been spent (Schedule 5, para. 15).

3.0 Qualitative information

3.1 The following issues have been raised at the Junior Doctor Forum meeting on 10.08.17 and the Board is asked to note them and the actions planned against them:

- The ELFT higher trainees are concerned about the impact of implementation of the move to full shift rotas from August 2017: they note that there is a new shared rota between Tower Hamlets and Newham which will be hard to cover if core trainees are not present on one or other site and they are required to act down in contingency with the associated safety implications

Action: The Guardian of Safe Working has written to the two clinical directors concerned requesting assurance that the new full shift rota will be fully reviewed within the first six months of operation to evaluate the safety and efficacy of the new shift pattern

- Both core and higher trainees in Luton and Bedfordshire are finding it difficult to organize their annual leave with the increased number of shifts and the difficulty in swapping shifts without breaching safe working regulations

Action: The new rotas are currently being discussed in junior/senior meetings in Luton and Bedfordshire and this issue will be regularly reviewed through the Junior Doctor Forum. The problem is exacerbated by recruitment difficulties for the two directorates caused by a national shortage of psychiatric trainees which is more acute in Luton and Bedfordshire

- At a meeting between the Guardian of Safe Working, The Medical Workforce Manager and the Clinical Directors and Associate Medical Directors on 23.08.17: the following actions were agreed:
 - That the data sets on locum use required for Trust Board reports should be compiled by the Rota Co-ordinators as they are best placed to do so
 - That Junior Doctors should submit all Exception Reports to their Clinical Supervisors. Medical HR staff will review all exception reports and contact the relevant Clinical Director if the Clinical Supervisor is not available to sign off the exception report. The Clinical Director will then advise about alternative sign off. This has been agreed for an initial three month period subject to review
 - The implications of agreeing extra payment or Time Off In Lieu were discussed with the Clinical Directors in terms of service delivery and budgetary input
 - Other items discussed were the recording of work schedule reviews and any resulting work schedule revisions, the management of shift swapping, the use of internal locums and safe working rules and opting out
 - Finally the clinical directors have agreed to review the new shift patterns every three months

4.0 Issues arising

- 4.1 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. A pan rota meeting between HR representatives, Guardians and the CAMHS higher trainees is planned for 22.11.17
- 4.2 The Luton and Bedfordshire higher trainees will remain non-resident, but rotas are currently being revised to ensure compliance under the new terms and conditions; including allocated handover time

5.0 Ongoing Risks

- 5.1 The Board is asked to note the ongoing risks to the organization identified in this report which the Guardian of Safe Working, Medical Workforce Manager, Director of Medical Education and Clinical Directors will keep under regular review and remediate wherever possible:
- Ongoing rota gaps in Luton and Bedfordshire (it is hoped that data will be available to precisely quantify this risk) for inclusion in the next Board Quarterly Report
 - It is clear that the more prescriptive rota rules outlined within the Terms and Conditions of Service in the 2016 Junior Doctor Contract will impact on the ability of ELFT trainees to internally cover rota gaps. Measures are being put in place to prospectively quantify any possible increase in rota gaps and data will be provided in the next quarterly report

6.0 Action Being Requested

- 6.1 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