

Guardian of Safe Working Hours End of Year Report
Trust Board
20 May 2021

Presented for:	Information
Presented by:	Ros Roden and Louise Buchanan, Guardians of Safe Working Hours
Author:	Ros Roden and Louise Buchanan, Guardians of Safe Working Hours
Previous Committees:	

Trust Goals	
The best for patient safety, quality and experience	x
The best place to work	x
A centre for excellence for research, education and innovation	x
Seamless integrated care across organisational boundaries	
Financial sustainability	

Key points	
1. Changes to Junior Doctor Contract	
2. Improvement in out of hours rest facilities	
3. Reduction in numbers of Exception Reports	

Introduction

The 2016 Junior Doctors Contract is now entering its fifth year, to summarise the five pillars of the contract are:

- Doctors in training now have a process for reporting safety concerns in the workplace which we can then ensure reach senior management.
- They now have work schedules that describe their working patterns more clearly than before.
- They should exception report if they work beyond their scheduled hours.
- Four of the most serious breaches of safe working limits should lead to fines for the CSU housing the trainee.
- A Junior Doctor Forum should be established to discuss work and training issues and to decide how these fine monies should be spent.

As expected in autumn 2019 the Junior Doctors Contract was reviewed involving lengthy discussions between NHS Employers, BMA and junior doctors committee. The salient changes Included:

- Maximum of 72 hours' work in any 7 consecutive day period.
- Rest after nights
- Weekend frequency exemption for nodal point two
- Maximum one in two frequency
- Maximum of eight consecutive shifts rostered or worked over eight consecutive days
- Maximum of five consecutive long day shifts
- Breaks
- Too tired to drive home provisions
- Payment for accommodation when non-resident on-call
- Breaches that attract a financial penalty

The majority of these conditions are met by the rotas within LTHT. Only minimal adjustments needed to be made. Our two areas of concern were the weekend frequency in Emergency Medicine and Paediatric Intensive Care. We have been informed that Emergency Medicine will be able to meet the rules of the 2019 contract by August 2021. This represents a huge effort by the Emergency Department as this rota was very difficult to create due to staffing numbers. We understand the Paediatric Intensive care rota may not be changed until the new build is up and running.

There was virtually no change to the rules about breaks and we continue to see a significant percentage of exception reports describing the inability to take breaks during shifts.

There have been discussions around the reasonable provision of transport (taxis) for doctors who are too tired to drive home. The Trust now has a system for this and junior doctors should be aware of who to contact if they require a taxi.

The Guardian of Safeworking team currently consists of:

- Dr Ros Roden - Emergency Medicine Consultant and Associate Postgraduate Dean
- Miss Louise Buchanan - Professional Support & Wellbeing Lead
- Miss Laura Brown, Administrative Officer

The team continues to work closely with the Director of Postgraduate Medical Education, Dr Dipesh Odedra, Medical Deployment Team and CSU Directors & Managers as needed.

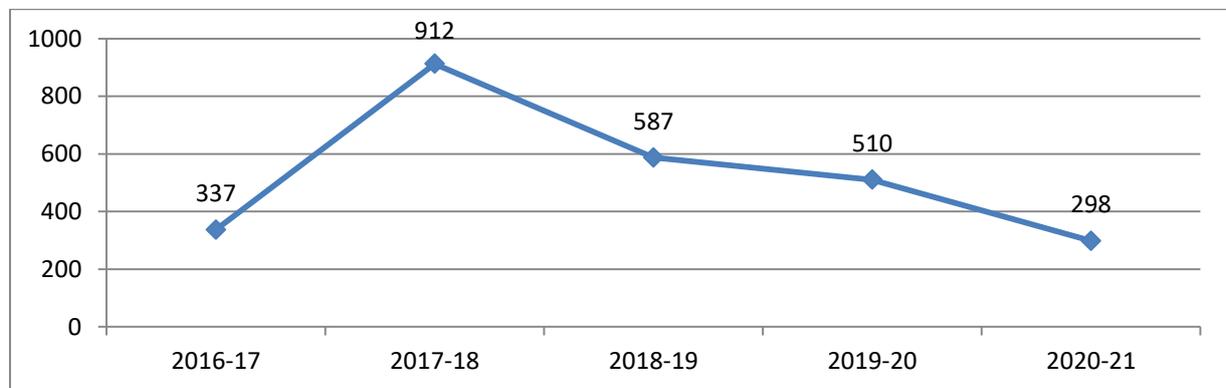
During the last 12 months we have increased the scope of our role to become more involved with junior doctors wellbeing alongside the implications of the new contract.

The events of the last 12 months have clearly impacted on everyone’s working life. In particular this has been reflected in exception reports describing late finishes and difficulties taking breaks. Although the number of exception reports has declined and represents only a small group of doctors reporting, the information they provide continues to illustrate this.

We will now discuss the main areas of work and development during 2020/21.

Exception Reporting

We continue to see a decline in exception reporting, this is in keeping with the national averages. 298 exception reports were submitted in 2020/21 (down from 508 in 2019/20), with only 91 junior doctors choosing to use the process.



1	Neurology	73	33.03%
2	Trauma and Orthopaedic Surgery	36	16.29%
3	Plastic Surgery	19	8.60%

4	Gastroenterology	16	7.24%
5	Geriatric Medicine	15	6.79%
6	Hepatology	13	5.88%
7	General Paediatrics	13	5.88%
8	Medical Microbiology	13	5.88%
9	Emergency Medicine	12	5.43%
10	Cardiology	11	4.98%

Looking at the top 3 specialities we can summarise the following:

Neurology

In the first half of the year we continued to see issues with inadequate rest on the NROC rota. This generated discussions between ourselves and the Lead Clinician in Neurology which in turn led to wider discussions in particular regarding patient referrals overnight. This resulted in changes in process including the use of the Patient PAS system and enforcement of the arrangement for compensatory rest following a night on-call. We are currently in a period of monitoring but to date have seen a significant reduction in reports.

Trauma & Orthopaedics

The reports generated by Trauma & Orthopaedics were largely from foundation doctors and reflected the loss of additional doctors on their rota during the first stages of the pandemic. The Clinical Leads in Trauma & Orthopaedics were very responsive to this situation and recruitment was enacted as soon as possible. The numbers of exception reports have stopped since new staff were appointed.

Plastic Surgery

The Plastic Surgery HST rota is an on-call rota with some hours built in for emergency work in the evenings. The vast majority of the time this is appropriate and works very well in that the HST's are largely on-call for emergencies only. However sporadically they are required to operate late into the night and we are pleased to see that when this happens they exception report. This is a good example of the system of exception reporting working well in the right circumstances.

Whilst Cardiology generated a small number of reports in comparison to some other specialties it is worthy of mention as it highlights another area in which exception reporting can provide valuable information. The 11 reports reflected that it was impossible for the doctors working on the rota to take breaks when the number of doctors on the rota was reduced. This information was fed back to the rota organiser who is endeavouring to avoid this situation whenever possible. It is fair to add that this was during the COVID rota arrangements.

Safety Concerns

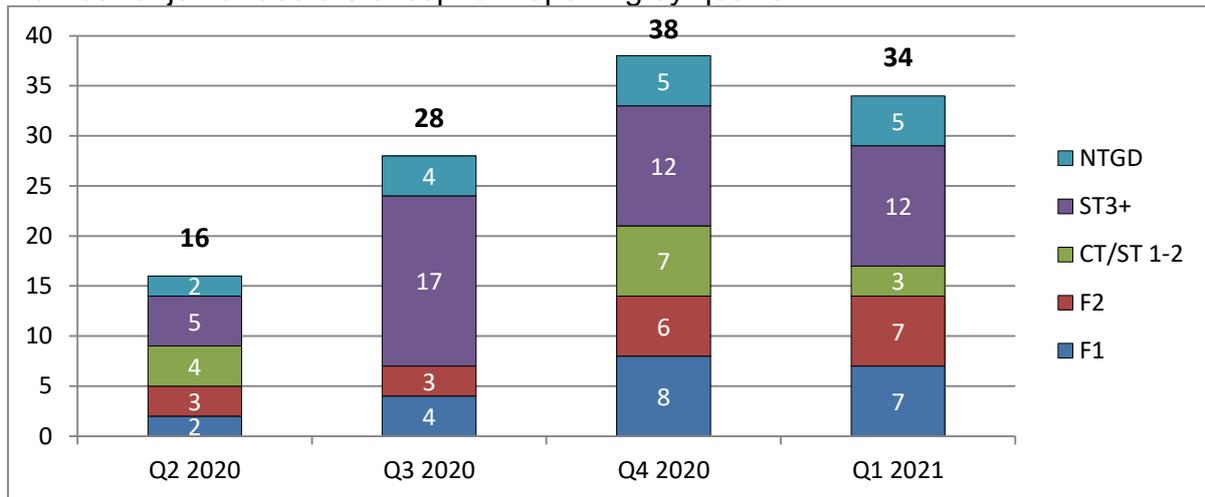
There have been no immediate safety concerns reported which required action from the Clinical Service Units. We have highlighted to CSU's where a cluster of reports

(mainly due to staffing issues) have generated reports which, whilst not immediate patient safety concerns, have resulted in difficult situations for trainees.

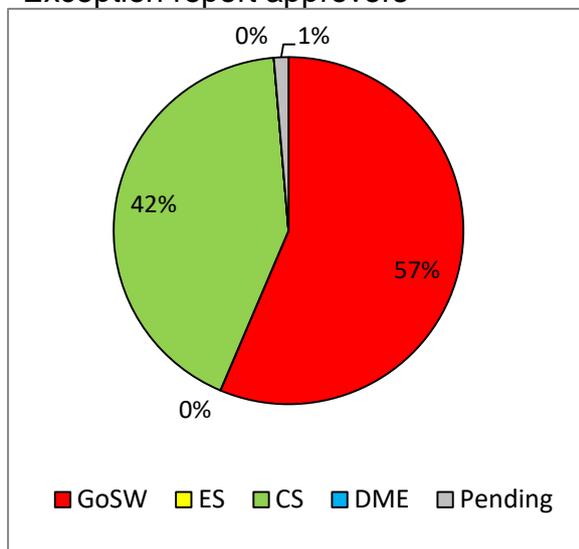
Work Schedule Reviews

There have been no work schedule reviews undertaken. The team have liaised with the Deployment team where exception reports have suggested that rotas need to be reviewed. This has resulted in a full rota review rather than individual work schedule reviews.

Number of junior doctors exception reporting by quarter

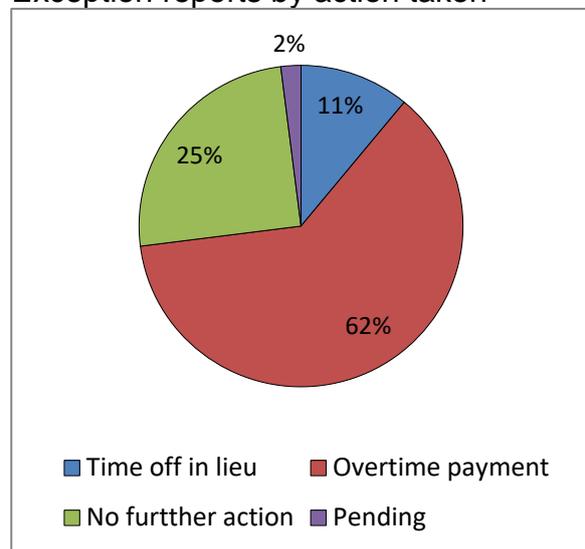


Exception report approvers

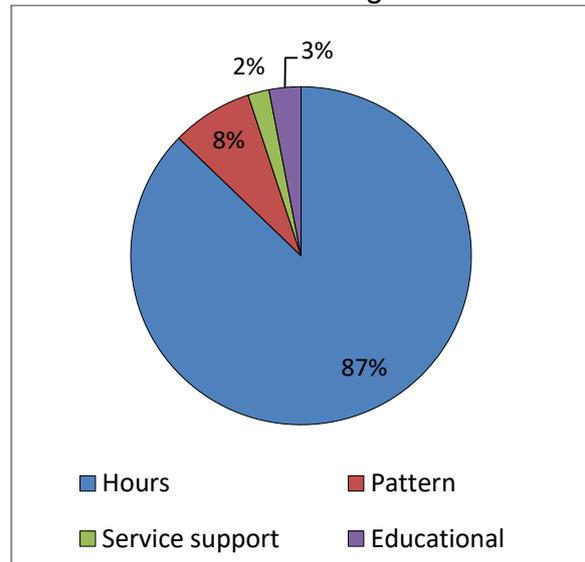
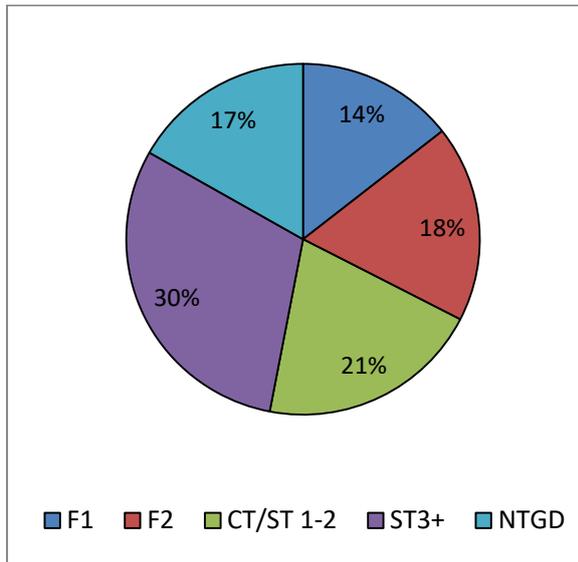


Exception reports by grade

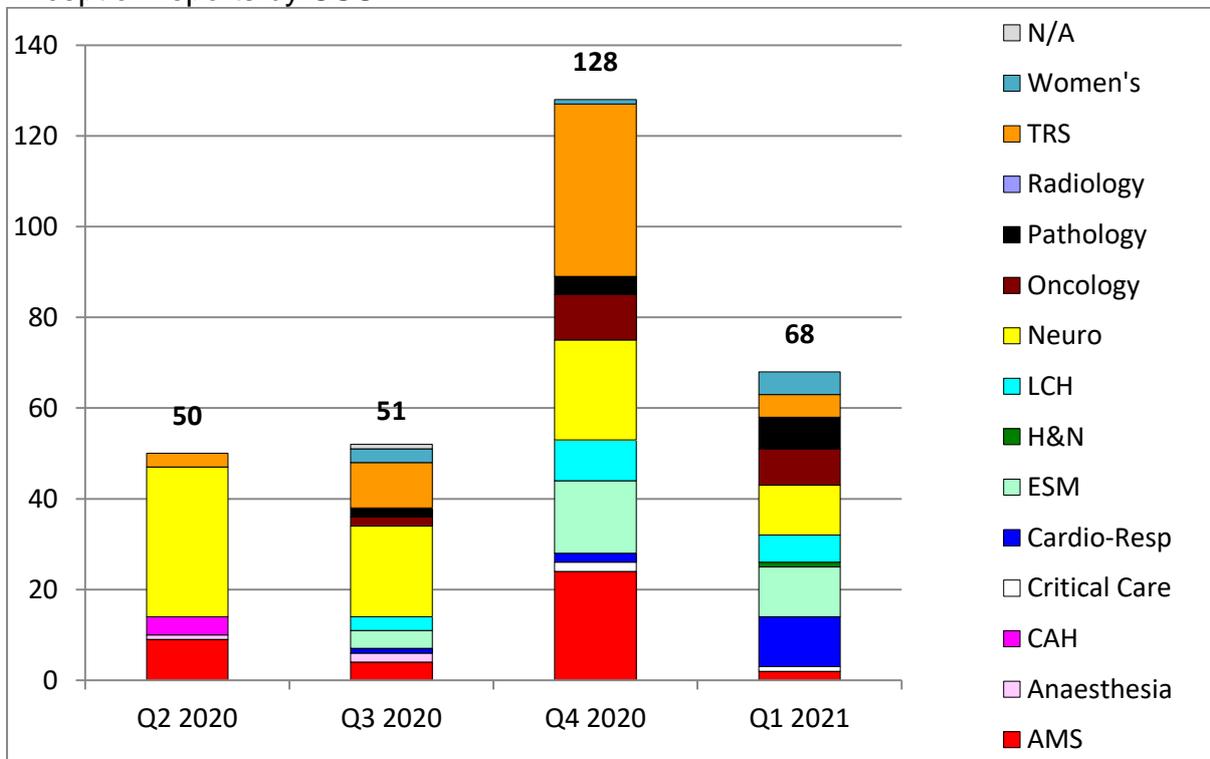
Exception reports by action taken



Exception reports by type



Exception reports by CSU



The Guardian of Safeworking team continue to sign off a significant number of reports. However there are certainly a steadily growing group of supervisors who are committed to working with their junior doctors via exception reporting to improve rota compliance.

The vast majority of reports relate to additional hours and we now have the correct and robust arrangements for providing payment. Junior doctors are becoming more familiar with the exception reporting process which helps in the timely entering of breaches in working hours. Anecdotally, we are aware that some junior doctors still do not exception report but our impression is that it is more due to personal reasons than because they are unfamiliar with the system.

Breaches

When the rota hours are breached the CSU incurs a fine. Over the last 5 years this has only happened on sporadic occasions which we feel reflects the excellent work done by Medical Workforce. The team is responsive and works extremely hard to ensure rotas are compliant and act on issues raised by trainees where compliance could be compromised. We continue to have a close working relationship with them and commend their hard work.

During the last 12 months a small number of breaches have occurred which have been due to unique circumstances rather than poor rota design.

We remain constantly aware that we are dependent on junior doctors' exception reporting to identify where the hours may be breaching. We continue to work with the junior doctors' forum and some specialities in particular to encourage a wider approach to exception reporting.

Junior Doctor Forum

The purpose of the Junior Doctor Forum (JDF) is to provide junior doctors with an opportunity to feedback regarding the embedding of the new contract and in particular the spending of fine money from breaches.

Probably one of the most significant effects of the pandemic has been the loss of face to face meetings. Previously gathering together in one room with a group of junior doctors, all committed to principles of the new contract was a very positive experience. We have managed to run two virtual junior doctors forums with another pending. These have been valuable in that they have allowed us to remain in contact with the members of the forum, in particular the wellbeing fellows.

Fatigue and Facilities Charter

At the end of 2019, the BMA gave each Trust a sum of money (£30,000) which was to be spent on facilities to improve the working lives of junior doctors. This project has been led by the Guardian of Safe Working and Improving Working Lives teams within LTHT.

We have completed the works outlined in last year's report and this has improved some of the facilities available to junior doctors. However we have a large number of doctors spread over a wide area therefore there are challenges that remain in particular with the plans for Building the Leeds Way and the inclusion of rest facilities.

Junior Doctor Wellbeing Champions

In 2020 we were pleased to appoint 11 junior doctors within the trust who wanted to become wellbeing champions. Additionally 3 of last year's champions requested a further year in post and have been mentoring the new champions. Given the climate

of the last 12 months we feel encouraged by this as it was difficult to deliver everything we had planned to do for our first cohort of champions.

This group has met for two training days. The first day will become our standard induction day. This will cover topics related to wellbeing including presentations from the GMC, Take-Time, Freedom to Speak up Guardian and colleagues from Health Education England. We are also able to include presentations from senior colleagues within the Trust who are committed to health and wellbeing of our junior doctor workforce. Dr Jonathan Thornley from the Emergency Medicine department has been one of our principle speakers sharing the work he has done personally with the multi-professional workforce in the Emergency department. In particular The Listening Ears initiative which he and other emergency medicine colleagues created following the death of a staff member.

Our second training day held last month featured an excellent session from our in-house Clinical Psychologist on how to recognise burnout in yourself and colleagues and signposting to support. The second half of the session was devoted to the champions sharing their plans for their individual wellbeing projects. These include:

- Junior doctor handover booklet
- Making induction welcoming
- Positive feedback campaign
- Surveying junior doctors mental health throughout the pandemic
- Planning better rest facilities in the new build

In July we are planning a presentation day for the wellbeing champions to share their work. If you would like to come to this please get in touch.

Each champion has aligned to one of the junior doctors committees (Junior Doctors Forum or Junior Doctor Body) which has been very helpful in improving the junior doctors input to these meetings. We anticipate with the hopeful return of face to face meetings soon this will help both these committees become further involved in supporting the junior doctors within our Trust.

We have been inspired by the interest shown by these doctors in this stage of their career in supporting other doctors and helping their colleagues to enjoy their working lives.

Summary

We would like to highlight the support and hard work of Medical Deployment and Dr Dipesh Odedra in the efficiency and speed in which the COVID rotas were written and implemented and particularly in the fact that all these rotas were new contract compliant. The junior doctors themselves should be commended for their flexibility and understanding as to why rotas had to be changed and their commitment to patient care. There is no doubt we will continue to see the on-going impact of the pandemic in the foreseeable future particularly with respect to wellbeing. We hope that whilst we have a relatively small number of champions the projects they are working on as well as their own commitment to help colleagues will help support juniors through this time.

Whilst relatively few in number the exception reports we receive continue to help us identify areas within the junior doctors workforce where rota conditions may not always be met. Neurology represents an excellent example of how the information for exception reports can be used to inform and drive changes in the process.

We will continue to work closely with both individuals and wider teams to highlight areas of concern regarding the working hours of our junior doctors.

Dr Ros Roden and Miss Louise Buchanan
Guardians of Safeworking
29th April 2021