

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24 May 2017

Title and Author of Paper:
Quarterly Report on Safe Working Hours (Jan - Mar 2017) : Dr Andrea Tocca
(Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The New TCS for trainees in Psychiatry came into force in February 2017
- Quarter reported on is January to March 2017
- Guardian is nationally and locally linked with other Trust Guardians
- Establishment of Junior Doctors Guardian of Safeworking Forum (which includes representative from BMA & LNC Chair)

Risks Highlighted to Board :

- 12 Exception Reports raised during the period Jan to March with TOIL being granted for all.
- 10 Agency Locums booked during the period Jan to March covering both sickness and vacant posts
- On 2 occasions during the period the Emergency Rotas were implemented
- There have been no fines during the last quarter

Does this affect any Board Assurance Framework/Corporate Risks?
Please state No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – January to March 2017

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement on 1st February 2017 are now on the New 2016 Terms and Conditions of Service. There are currently 122 trainees working into NTW with 35 on the new Terms and Conditions of Service.

Introduction

This is the second quarterly board report on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

As the new contract is still in dispute it is being gradually implemented by being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 140 trainee posts, we do not directly employ the majority of these trainees, also with current recruitment challenges a number of the senior posts are vacant.

Exception Reporting

As per the new Terms and Conditions of Service for NHS Doctors in Training (2016) exception reports are to be used by doctors to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be:

- a. Differences in the total hours of work (including opportunities for rest breaks)
- b. Differences in the pattern of hours worked
- c. Differences in the educational opportunities and support available to the doctor, and/or
- d. Differences in the support available to the doctor during service commitments.

High level data

Number of doctors in training (total):	122 Trainees (Jan-Mar)
Number of doctors in training on 2016 TCS (total):	35 Trainees (Jan-Mar)
Amount of time available in job plan for guardian to do the role:	this is being remunerated through a responsibility payment
Admin support provided to the guardian (if any):	Ad Hoc by MedW Team
Amount of job-planned time for educational supervisors:	0.5 PAs per trainee

Exception reports (with regard to working hours)

Exception Reports Received wef 31/03/17					
Grade	Rota	February	March	Total Hours & Rest	Total Education
F2					
CT1-3	SNH	2	0	2	0
CT1-3	NGH	0	3	2	1
CT1-3	SGP	2	2	4	0
CT1-3	RVI	0	2	2	
ST4+	Newcastle/North Tyne	1	0	1	0
Total		5	7	11	1

Work schedule reviews

During the last quarter there have been 12 Exception Reports submitted in total by 8 junior doctors. 6 Trainees on the new 2016 TCS raised exceptions in respect to exceeding Hours & Rest with an additional 2 were raised from trainees on the 2002 TCS. The outcome of which was that TOIL was granted for each case. The exceeded hours ranged from a minimum of 30 minutes to a maximum of 2 hours. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	January	February	March	Total
Neuro Rehab				
Hopewood Park	1	1	1	3
Gateshead	3	1	1	5
NGH				
RVI				
SNH/NTyne			1	1
Newcastle/NTyne				
CAMHS				
LD				
SGP		1		1
Sunderland				
STyne/Gateshead				
Newcastle/N Tyne				
Total	4	3	3	10

Locum bookings (agency) by grade				
	January	February	March	
F2	1	1	1	
CT1-3	3	3	3	
ST4+				
Total	4	4	4	

Locum bookings (agency) by reason				
	January	February	March	
Vacancy	3	2	2	
Sickness	1	1	1	
Total	4	3	3	

b) Locum work carried out by trainees

Locum work by trainee						
Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness	Number of hours to cover a vacant post		
SNH/NTyne	6	42.5	8.5	34		
SGP	12	107	107	0		
Gateshead	16	140	52.5	57.5		
Crisis	10	74.5	61.75	12.75		
Hopewood Park	3	12.75	0	12.75		
RVI	12	107	107	0		
NGH	4	49	49	0		
Newcastle/N Tyne	12	115	20.75	82		
Total	75	647.75	406.5	199		

c) Vacancies

Vacancies by month						
Area	Grade	January	February	March	Total gaps (average)	
SGP	GP		1		1	
Hopewood Park	CT		1		1	
Gateshead	F2	1	1	1	1	
Newcastle/NTyne	ST4+		1	1	1	
Total		1	4	2	4	

d) Emergency Rota Cover

Emergency Rota Cover by Trainees				
	Rota	January	February	March
Vacancy	HWP	1 (4.25)	0	0
Sickness	NGH	0	1 (12.25)	0
Total		1	1	0

e) Fines

There have been no fines during the last quarter.

Qualitative information

I have been working as Guardian of the Safe Working for one year now and I have to stress that it has been exciting and, at times, busy. On the 14th March 2017 I attended the Second National Conference of Guardians in London where I had the opportunity to share knowledge and experiences with all the other Guardians. There was also a poignant presentation done by the GMC representative who reminded us of the importance of protecting our Junior Colleagues. He, in fact, with the permission of the families reported two stories of Junior Colleagues who completed suicide due to the stress and the pressure related to overwork. This made me reflect on how important my role is and the role of my colleagues from Medical Staffing, the DME and the Clinical Director of Medical Education as we are able to check working patterns and rotas ensuring that safety and quality are always safeguarded. I have the opportunity to meet regularly with the Training Programme Director and other colleagues involved in Medical Education and, so far, I have not had to exert my power to impose sanction due to the high level of cooperation and partnership from both Educational/Clinical Supervisors and Junior Colleagues. I am attending regularly the Forum created and I am also trying to attend to the local inductions for new intakes in order to explain my role and give my contact details. I would really welcome the opportunity to present to the Board directly as, in my view, me and my colleagues from Medical Staffing & Education would have the opportunity to better explain the work completed and discuss challenges and opportunities.

Issues arising

We have work schedules outlining the job descriptions for all training posts as outlined in the new terms for the contract. We have adapted all out of hours rotas to ensure compliance with both the old and new contract. We are in the process of training trainers about the contracts and their responsibilities in this.

At this stage as there have been no reports collected we can't comment on patterns. We are aware from existing monitoring that we generally are performing well in relation to workload for trainees but do have some hot spots, most notably at SGP where we are working with services to address this. So far, few issues related to Doctors working overtime were highlighted, but they were promptly resolved with the allocation of TOIL instead of any payment.

Actions taken to resolve issues

As highlighted above any issue regarding Doctors working overtime were promptly addressed by HR, Medical Staffing and Clinical/Educational Supervisors.

Summary

As summarized in my previous report the evidence collated so far is indicating that NTW has been fully compliant with the Safeguarding framework. No disputes were brought to my attention and the fora available have helped me and my colleagues to consider, broadly, not just working patterns but also other issues related to safety. For example, where necessary, some changes were made to the working environment to allow Junior Colleagues to work more comfortably and reduce the stress. I am very happy with the approach taken by Educational/Clinical Supervisors who are promptly resolving any exception report forwarded and I am satisfied that our Junior Colleagues are

encouraged to produce exception reports fulfilling the overall spirit of transparency and cooperation.

Questions for consideration

I do not have any question for consideration at this stage however I would like to have the opportunity, as highlighted above, to present to the Board our work and to clarify any current or future national or local initiative.