

Cover page	
Meeting	Trust Board Meeting
Paper Title	Guardian of Safe Working Quarterly Report
Date of meeting	28 May 2020
Date paper was written	18 May 2020
Responsible Director	Dr Arne Rose - Medical Director
Author	Dr Bridget Barrowclough-Guardian of Safe Working Hours (GoSW)
Executive Summary	
<p>This report is presented to the Trust Board with the aim of providing the context and assurance around safe working hours for Doctors and Dentists in Training (Junior Doctors) in SaTH.</p> <p>It provides the Trust Board with data on safe working hours, missed rest periods and any concerns raised regarding service commitments that impact our Junior Doctors in Training.</p> <p>It should be noted that COVID-19 has interrupted the normal working practice in this period.</p> <p>Prior to COVID-19 there were continued challenges to the collection of data needed to reassure the Board that Junior Doctors are able to work to their schedules and maintain safe working hours at all times. This is not isolated to SaTH and remains a national issue. The Guardian of Safe Working Hours (GoSW) is unaware of an IT solution to address this as the sources of data - Exception Reporting (ER) system, locum usage, rota gaps and vacancies - remain unlinked.</p> <p>The launch of an e-Rostering package has been suspended during COVID-19. This system was purchased in 2019 and will enable colleagues to create complex rosters meeting the needs of the medical workforce and by integrating rotas, work schedules, job and service plans should help to ensure that Junior Doctor and patient safety is not compromised by shortfalls in staffing.</p> <p>Recommendation To request workforce team reconsider methods in collecting data for presentation in order to enable the GoSW to reassure the Board that our Junior Doctors are working within their contracted and safe hours at all times.</p>	
Previously considered by	N/A

The Board is asked to:

<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

no

Guardian of Safe Working Hours
Shrewsbury and Telford NHS Trust
Q3 Report

6 January – 30 April 2020

Executive Summary

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It provides the Trust Board with data on safe working hours, missed rest periods and any concerns raised regarding service commitments that impact our Junior Doctors in Training.

It should be noted that COVID-19 has interrupted the normal working practice in this period.

Prior to COVID-19 there were continued challenges to the collection of data needed to reassure the Board that Junior Doctors are able to work to their schedules and maintain safe working hours at all times. This is not isolated to SaTH and remains a national issue. The Guardian of Safe Working Hours (GoSW) is unaware of an IT solution to address this as the sources of data - Exception Reporting (ER) system, locum usage, rota gaps and vacancies - remain unlinked.

The launch of an e-Rostering package has been suspended during COVID-19. This system was purchased in 2019 and will enable colleagues to create complex rosters meeting the needs of the medical workforce and by integrating rotas, work schedules, job and service plans should help to ensure that Junior Doctor and patient safety is not compromised by shortfalls in staffing.

Background

All Junior Doctors at the Shrewsbury and Telford NHS Trust (SaTH) are employed under the Terms and Conditions of Service (TCS) of the 2016 Junior Doctor Contract (JDC).

Junior Doctors receive work schedules that adhere to the safe working limits for hours and rest. Any concerns regarding breaches in the work schedule with regard to working hours and rest breaks and service commitments are escalated to the senior management via the Exception reporting system and GoSW. The most serious breaches of safe working limits results in fines for the Care Group in which the breach occurred.

In June 2019 the TCS were revised and agreed nationally. In accordance with the new 'Refresh Contract 2018', the Trust commenced an implementation schedule recognising the new limits.

However, in March 2020 significant changes were made to the working practices of Junior Doctors as a consequence of the COVID-19 Pandemic.

In April 2020 NHS Employers agreed a joint statement with the British Medical Association (BMA) on the application of the 2016 TCS contract limits for the duration of the COVID-19 pandemic.

This statement outlined that where an employer was unable to meet its obligations under the definitions of safe and appropriate levels of cover within the limits of the 2016 TCS, there may be agreement to suspend contractual provisions in discussion with the Trainees and, where possible, the GoSW. It was deemed that departures from the contract limits should be as limited as possible and for as short a time as necessary and Working Times Regulations 1998 (WTR) became the fallback position for the duration of the pandemic.

In April 2020 Health Education England (HEE) advised that rotations between departments were to be halted. Trainees were redeployed, either at their own request or after considering their skill base.

Since that time a series of rota reviews and changes have been made in consultation with the Trainees, albeit at short notice. Those rotas have complied with the WTR.

The Trust has recognised the huge efforts made by Junior Doctors who have acted in an exemplary manner throughout this crisis by responding to requests for their flexibility in work practices.

The ER System has remained in place with oversight of reports by the GoSW.

Health Education England issued a statement on 18 May that August rotations will return to normal on 1 August 2020

Exception Reports

A summary of Exception reports received in Q3 is included as Appendix 1.

Trainees continue to report infrequently:

- Numbers of Reports Pre-COVID 19 = 15
- During COVID (since 7 March) = 2
- No immediate concerns were raised
- No breach fines were made
- 1 Work schedule review in neonates is required as a result of a pattern noted (this will be performed in the coming weeks as the Trust returns to normal working practice)

Other Considerations

Rest

As the impact of the COVID-19 Pandemic continues concerns have been raised regarding the inability of Trainees to take annual leave. This potentially has implications on Junior Doctors' rest. At the time of writing the Medical Director is due to make an announcement on this issue – doctors will now be encouraged to use to their annual leave entitlement if they are able.

Less than Full Time Working

Concerns have been raised in the Paediatric Department in respect of disproportionate hours being worked by the Less Than Full-time Trainees (LTFT) compared to their full-time colleagues. Discussions are on-going.

Weekend Work Patterns

In some specialities it has been necessary to increase the weekend frequency in excess of 1-in-2 pattern. Discussions regarding how this will be recognised are ongoing.

Data Collection

Data regarding the numbers and types of ERs are included as appendix 1.

Data on deanery vacancies remaining unfilled either by a new Trust Doctor, Locally Employed Doctor or Agency Locum is presented in Appendix 2. Re-working of the rotas affected were performed and gaps covered by internal locums and doctors already employed within departments whilst complying with safe working hours. In addition the initiative to introduce medical assistants to support our junior doctors was completed and implemented during this quarter. And from 1 April, as a consequence of Covid-19 rota changes were required with subsequent and further re-deployment as previously mentioned whilst complying with the EWTD.

On 1 May 2020 the Trust welcomed an additional 22 doctors. These Intermediate Foundation Year 1 (iFY1) doctors were to have commenced their roles as Foundation Year 1 doctors in August.

Data on locum bookings by Trainees is presented in Appendix 3. It remains a concern that some Trainees continue to work outside of their safe limits by accepting locum shifts. This is considered a joint responsibility of both the Trust to ensure that locum bookings are not offered to those who have not opted out of the WTR up to 56 hours and the Junior Doctor to accept these shifts.

NHS Employers suggest the GoSW reports on all locum bookings with respect to reason, grade and speciality. It has previously been agreed by the workforce committee that this information is not useful in ascertaining whether Junior Doctors are working within their safe limits due to the inability to collect live data on the management of an unfilled shift.

The collection of data on 'all rota gaps on all shifts', a requirement of the TCS 2016 remains a challenge locally and nationally.

In SaTH we continue to rely on Junior Doctors to inform us either formally through ERs, Datix, Junior Doctor Forums and via our Champions for Freedom to Speak and informally during drop-in-sessions where there are breaches in the parameters for safe working practice.

The GoSW remains confident that trainees in SaTH are well supported and supervised and meets weekly with the Director of Medical Education, Care Group Directors and Medical Director to raise concerns when appropriate.

Recommendation

To request workforce team and management reconsider methods in collecting data for presentation in order to enable the GoSW to reassure the Board that our Junior Doctors are working within their contracted and safe hours at all times.

The Board is asked to read and consider this report.

APPENDICES

Appendix 1 - Exception Reports

Speciality	Grade	Type	Outcome
Medicine	FY1	Hours	TOIL
Medicine	FY1	Service commitments	No further action
Medicine	CT1	Hours	Financial reimbursement
Medicine	FY1	Hours	Financial reimbursement
Medicine	FY1	Hours	Financial reimbursement
Trauma + Orthopaedics	FY2	Hours	Financial reimbursement
Trauma + Orthopaedics	FY2	Hours	Financial reimbursement
Trauma + Orthopaedics	FY2	Hours	Financial reimbursement
Trauma + Orthopaedics	FY2	Hours	Financial reimbursement
Trauma = Orthopaedics	FY2	Hours	Financial reimbursement
Neonates	FY2	Hours - weekend shift	Work schedule review and TOIL
Neonates	ST2	Hours - weekend shift	Work schedule review and TOIL
Neonates	FY2	Hours - weekend shift	Work schedule review and TOIL
Neonates	FY2	Hours - weekend shift	Work schedule review and TOIL
Accident + Emergency	CT1	Hours	TOIL
Medicine	iFY1	Hours	TOIL
Medicine	iFY1	Hours	TOIL
KEY			
Pre-COVID 19			
During COVID-19			

Appendix 2 – Vacancies (Deanery posts remaining unfilled by Trust or Locum)

Speciality	Grade	Site	Month			
			January	February	March	April
Ophthalmology	ST1	RSH	X			
Medicine	SpR	RSH	X			
Psychiatry	FY1	Redwoods	X	X	X	X
Accident + Emergency	GPVTS	PRH	X	X	X	X
Accident + Emergency	GPVTS	RSH	X	X	X	X
Accident + Emergency	ACCS	RSH	X	X	X	X
Medicine	GPVTS	RSH		X	X	X
Medicine	GPVTS	PRH				X
Medicine	GPVTS	PRH				X
Obstetrics + Gynaecology	ST3	PRH				X

Appendix 3 – Locum Bookings by Trainees

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?	Comments
General Medicine	ST3-8	47	163	47.5	56.75	Y	
Trauma & Orthopaedics	FY2	3	14.5	47.25	48.25	Y	
Paediatrics	ST3-8	2	4.5	47.5	47.75	N	
Emergency Medicine	ST3-8	10	75	40	44.25	N	
General Medicine	FY1	5	5	46.75	47.25	N	
General Medicine	FY2	5	22.5	47.25	48.5	N	
General Medicine	ST3-8	1	1	47.5	47.75	N	
ENT	FY2	2	3	48	48.25	N	
General Medicine	FY1	12	30.5	46.75	48.5	N	
General Medicine	FY2	2	20.5	47.25	48.5	Y	
General Medicine	WAST FY2	1	8	47.5	48	Y	
General Medicine	ST3-8	1	8	47.5	48	N	
Anaesthetics	ST1-2	4	37.5	47	49.25	N	
Emergency Medicine	FY2	32	186.25	40	50.5	N	
General Medicine	FY1	2	25	46.75	48.25	Y	
General Medicine	ST3-8	2	26	47.5	49	N	
General Medicine	FY1	25	44.5	46.75	49.25	N	
Oral & Maxillofacial Surgery	DCT1-2	2	12.5	47	47.75	Y	
Trauma & Orthopaedics	ST1-2	8	57.5	47.25	50.5	Y	
General Medicine	FY1	12	68.5	46.75	50.75	Y	
Anaesthetics	FY1	4	9	40	40.5	Y	
General Medicine	ST1-2	4	6.5	47.25	47.75	Y	
General Surgery	FY2	1	12.5	47	47.75	Y	
General	WAST FY2	1	1	47.5	47.75	N	

Medicine							
Anaesthetics	ST3-8	2	25	47	48.5	Y	
General Medicine	ST1-2	3	25	47.25	48.75	Y	
Trauma & Orthopaedics	ST3-8	7	50	47.5	50.5	Y	
General Medicine	FY2	2	2	47.25	47.5	Y	
General Medicine	WAST FY2	4	4	47.5	47.75	N	
General Medicine	ST1-2	5	10	47.25	48	N	
Urology	ST3-8	15	156	45.75	54.5	Y	
General Medicine	ST1-2	1	1	47.25	47.5	N	
Paediatrics	ST3-8	2	26	47.5	49	Y	
General Medicine	FY2	21	83	47.25	52	N	
General Medicine	WAST FY2	2	2	47.5	47.75	Y	
General Surgery	FY1	16	109.5	47.5	53.75	Y	
Emergency Medicine	FY2	10	57.75	40	43.25	Y	
General Medicine	FY2	2	4.5	47.25	47.5	N	
General Medicine	ST1-2	7	42	47.25	49.75	Y	
Neonatal	ST3-8	2	5	48	48.5	N	
Emergency Medicine	ST1-2	1	8.25	40	40.5	N	
General Surgery	ST3-8	2	18	47.5	48.5	N	
General Surgery	FY2	50	325.5	47	65.25	Y	
Neonatal	ST3-8	4	11	48	48.75	N	
General Surgery	FY1	6	48	47.5	50.25	N	
General Medicine	ST1-2	2	2	47.25	47.5	Y	
General Medicine	ST1-2	1	7	47.25	47.75	N	
General Medicine	WAST FY2	7	22.5	47.5	48.75	Y	
Psychiatry	FY1	3	31.5	40	41.75	Y	
Trauma & Orthopaedics	ST3-8	7	53	47	50	N	
General Medicine	FY1	16	66	46.75	50.5	N	
Neonatal	FY2	13	91	45	50.25	N	
General Surgery	FY1	2	12	47.5	48.25	Y	
General Medicine	FY2	3	20.5	47.25	48.5	N	

Obstetrics & Gynaecology	ST3-8	4	8.5	47.75	48.25	N	
Neonatal	ST3-8	2	13	48	48.75	N	
Oral & Maxillofacial Surgery	ST3-8	1	24	47	48.5	N	
Anaesthetics	ST3-8	2	13	47	47.75	Y	
General Surgery	ST3-8	4	25	47.5	49	N	
Anaesthetics	FY1	42	147.5	40	48.25	N	
Anaesthetics	FY1	1	12.5	40	40.75	Y	
Paediatrics	ST3-8	4	17.5	47.5	48.5	N	
Emergency Medicine	FY2	9	66.5	40	43.75	N	
Paediatrics	ST3-8	2	13	47.5	48.25	N	
General Medicine	FY2	9	83	47.25	52	N	
General Medicine	WAST FY2	4	21	47.5	48.75	Y	
Oral & Maxillofacial Surgery	DCT1-2	2	12	47	47.75	Y	
Obstetrics & Gynaecology	ST1-2	4	30	47.75	49.5	Y	
General Medicine	ST3-8	2	12.5	47.5	48.25	N	
Trauma & Orthopaedics	ST1-2	2	13	47.25	48	Y	
General Medicine	FY1	3	5.5	46.75	47.25	Y	
General Medicine	WAST FY2	4	14.5	47.5	48.5	N	
Obstetrics & Gynaecology	FY1	1	12.5	40	40.75	Y	
Obstetrics & Gynaecology	FY1	3	3	40	40.25	N	
General Medicine	ST3-8	3	5.5	47.5	48	N	
General Medicine	ST1-2	3	3	47.25	47.5	Y	
General Medicine	FY1	2	2	46.75	47	Y	
ENT	ST3-8	6	42	47.25	49.75	N	
General Medicine	FY1	1	1	46.75	47	Y	
Neonatal	ST1-2	17	127.5	47.75	55	Y	
General Medicine	ST1-2	11	52	47.25	50.25	Y	
General Medicine	FY2	8	49.5	47.25	50	Y	
Trauma & Orthopaedics	FY2	12	89.5	46.5	51.5	Y	
General Medicine	FY2	37	122	47.25	54.25	N	

Obstetrics & Gynaecology	ST3-8	7	59	47.75	51.25	Y	
General Medicine	FY2	1	8	47.25	47.75	Y	
General Medicine	ST3-8	5	37.5	47.5	49.75	N	
General Medicine	FY1	2	13	46.75	47.5	Y	
General Medicine	FY2	8	33.5	47.25	49.25	Y	
General Medicine	ST3-8	1	1	47.5	47.75	N	
General Medicine	FY1	10	57.5	46.75	50	Y	
Total		645	3412.25				