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Safe Working Hours and Exception Reporting

Dr Tim Robbins

Induction Presentation











Conflicts of Interest

- Consultant in Diabetes, Endocrinology and General Internal Medicine
- Clinical Research Information Officer (CRIO) & Co-lead DDDRU
- Recent published work considering perceptions of value of consultants in the NHS

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The two most important slides of today?











Do NOT drive if too tired to drive safely

- Rest accommodation – available via Jayne Sanderson (Jayne.sanderson@uhcw.nhs.uk) in hours and the Hospital site manager out of hours (via switch).
- If no accommodation available, taxi to be booked by the Trust. Return trips will be subsidised within reason (same contacts as above).
- Data being collected on taxi use.

Do NOT work if too tired to work safely

- Follow Trust Sickness/Absence policy to discuss with the relevant team the challenge and how this might be best addressed.

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The GoSWH Role











GoSWH

Schedule 6 Section 10
Junior Doctor Contract

- Act as champion of safe working hours for drs in approved training progs
- Provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of these terms and conditions of service
- Receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service
- Escalate issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level
- Require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk

- Require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed
- Have the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and
- Distribute monies received as a consequence of financial penalties to improve the training and service experience of doctors.

Out of Remit

- Design rotas
- Manage individual work schedules
- Act as the educational champion
- Review every aspect of doctors' working patterns
- Intervene in every exception
- Agree working patterns or schedules with individual doctors
- Answer questions which fall outside their remit (e.g. medical staffing or the BMA)

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Actions for You











To Complete ASAP

- Check for login credentials for Allocate. Contact medicalworkforceteam@uhcw.nhs.uk if not received
- Check for ES/CS in Allocate. If not found then ask ES/CS to contact caroline.taylor@uhcw.nhs.uk to add to supervisors list
- Contact clare.langley@uhcw.nhs.uk for all LTFT queries
- Familiarise yourself with T&Cs (version 10) https://nhsemployers.org

Work Schedule

The generic work schedule shall form the basis for a personalised work schedule which will be agreed between the educational supervisor and the doctor, in accordance with the Gold Guide13 and/or other relevant documents, as amended from time to time. The personalised work schedule must be agreed before or within four weeks after the commencement of the placement during scheduled hours of work.

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Exception Reporting





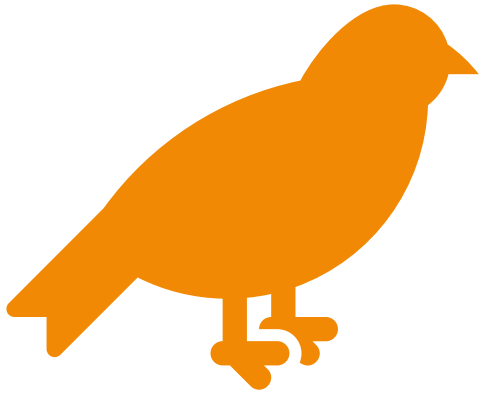






Exception Reporting

"The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained. The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve concerns."



Doctors can use exception reporting to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations are likely to include (but are not limited to):

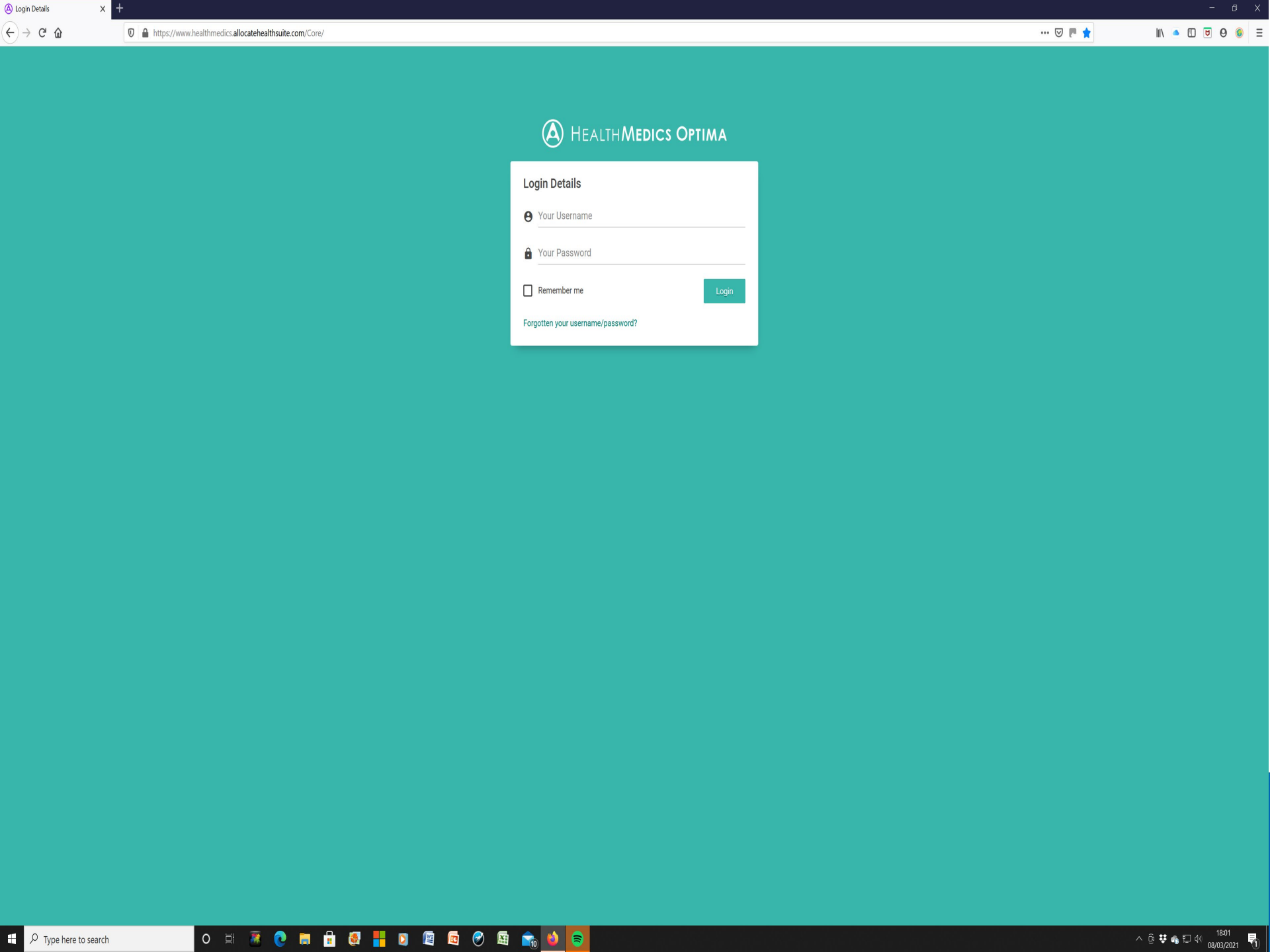
- a. differences in the total hours of work (including opportunities for rest breaks)
- b. differences in the pattern of hours worked
- c. differences in the educational opportunities and support available to the doctor, and/or
- d. differences in the support available to the doctor during service commitments.

The doctor will send exception reports electronically to the locally agreed actioner for the type of report submitted. This should be as soon as possible after the exception takes place, and in any event within 14 days (or 7 days when making a claim for additional pay, as per schedule 2 paragraph 72-80).

Upon receipt of an exception report, the locally agreed actioner for the report type submitted will within 7 days of receiving the report:

a. firstly, action the report, or discuss the report with the doctor (when felt necessary by the actioner or requested by the doctor submitting the report) to agree what action is necessary to address the reported variation or concern.
b. secondly, set out in an electronic response to the doctor their decision, or the agreed outcome of the report following a meeting with the doctor, including any agreed actions.
c. thirdly, copy the response to the DME or guardian of safe working hours as appropriately identified in paragraph 9 above.

- Doctor in Training submits ER via Allocate
- ES and GoSWH notified by email
- ES login via email link into Allocate Software https://www.healthmedics.allocatehealthsuite.com/Core


Login Details
https://www.healthmedics.allocatehealthsuite.com/Core/
HEALTHMEDICS OPTIMA
Login Details
Your Username
Your Password
Remember me
Login
Forgotten your username/password?
Type here to search
18:01
08/03/2021

Outcomes

- TOIL (default)
- payment
- Work-schedule review
- ERs not reviewed within 7 days will be actioned by GoSWH (payment not TOIL)
- No further action

Where time off in lieu is agreed by the doctor and the report's actioner as the outcome of an exception report, there will be a four week window from the outcome being agreed for the doctor and rota manager to discuss and allocate time off in lieu to a future shift in their working pattern, before the end of that rotation. Where this does not occur, the time off in lieu should automatically be converted by the employer to pay after that four week period. At the end of a rotation, any untaken time off in lieu will be converted into pay.

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Penalty System











Penalties allocated for:

- Exceeding 48 hour average weekly working limit
- Contractual limit on maximum of 72 hours worked within any 168h period
- Maximum 13h shift exceeded
- Minimum 11 hour rest reduced
- Breach of 5h continous rest between 22:00 and 07:00 and/or less than 8h rest in 24 hours for NROC rotas
- (Breaks missed on more than 25% of occasions)

Nodal Point	Total hourly (x4) figure	Hourly penalty rate (£) paid to the doctor	Hourly penalty rate (£) paid to GoSWH
1	63.56 (87.08)	23.83 (32.64)	39.73 (54.44)
2	73.56 (100.78)	27.59 (37.79)	45.97 (62.99)
3	87.04 (119.25)	32.64 (44.72)	54.40 (74.53)
4	110.32 (151.14)	41.38 (56.68)	68.94 (94.46)
5	117.08 (160.40)	43.91 (60.15)	73.17 (100.25)

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Questions and Discussion



Timothy.robbins@uhcw.nhs.uk

Currently no drop in sessions – please feedback







