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UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST
BUILDING A POSITIVE CULTURE AROUND EXCEPTION REPORTING

Organisation

University Hospitals of Derby and Burton provides services in general medicine, surgery, maternity, rehabilitation care, and accident and emergency. The trust has 1000 beds and employs 456 doctors in training across two sites.

Background

Exception reporting was brought in as part of the 2016 terms and conditions of service for doctors and dentists in training, replacing the previous process of hours monitoring.

It was devised as a mechanism for doctors to inform employers when their day-to-day work varied significantly and/or regularly from the agreed work schedule.

What the trust did

Introducing a new way of working requires a culture change, and the trust knew it had to engage junior doctors before implementing a new process.

The medical workforce advisor began by holding review sessions with trainees to gain an understanding of their perceptions of exception reporting. Using their feedback, a working group was established to plan how to successfully implement the new process. Members of the group included:

- the guardian of safe working hours
- consultants
- general managers
- the medical staffing administrator
- members from the pay and finance department
- the management and leadership fellow (who is also the BMA representative).
Following the intelligence gathering and group discussions, the trust embarked upon a strategic programme of information sharing to engage staff across the trust in exception reporting.

Firstly, it developed trust-specific guidance which focused on internal processes for the management of exception reports, work schedule reviews and payment and finance, to ensure a consistent and streamlined process.

Guidance documents were developed for junior doctors, educational supervisors and the guardian of safe working hours, with accompanying videos as a step-by-step guide.

Presentations were then given to the clinical management and multi-disciplinary teams, and at clinical governance days.

As educational supervisors have a key role in the exception reporting process, 100 open sessions were held for them to attend at various times during the day.

During these sessions, concerns were expressed by the educational supervisors about the challenges they may face in managing the system and trainees’ expectations.

They were re-assured that an administrative team would provide robust support in checking and chasing the different people involved such as general managers, junior doctors and rota coordinators.

Two years on

Two years on from implementation, these processes are now embedded in the trust, with clear communication provided at different stages of a trainee’s employment.

Step-by-step presentations of exception reporting are given at corporate and local induction, which is also attended by the guardian of safe working hours. Presentations are also given at the F1 and F2 teaching sessions with the intention that this will encourage junior doctors to exception report.

Feedback sessions are held mid-rotation in which the junior doctors can raise concerns relating to safe working or missed educational opportunities. This gives the trust an opportunity to address issues and make changes to ensure the doctor is on track with their training schedule.

Foundation doctors also receive a monthly newsletter which includes a section entitled ‘you said, we did’ which focuses on the work the trust has done to address the issues raised through exception reporting.

This activity is supported by the director of postgraduate medical education who asks trainees about the level of support they are offered, their training opportunities and access to clinics.
Challenges

At the time of implementation, junior doctor morale was low, and it was a challenge to engage them. However, attending the junior doctor forums and involving them in the process from start to end, demonstrated that exception reporting was a shared goal and an opportunity to improve ways of working.

Outcome

Most importantly, junior doctors report they feel more engaged and satisfied with the exception reporting process. Involving them in the working groups to co-design, create and review the rotas meant they felt their views were listened to and valued.

The exception reporting system is now seen as the norm and 288+ hours of time off in lieu (TOIL) has been allocated, ensuring the doctors are working safely and within the hours set out in their work schedules.

Changes to the way the service works include:

- the medicine rota has been reviewed, start times are now 30 mins earlier to allow for list updating and urgent discharges, and the medical assessment unit take times have been altered to support the night team
- a trust grade (CT) level post has been added to the hospital out of hours team overnight to reduce the work intensity of these shifts
- there is extensive on-going work on the surgical rotas and firms
- working patterns for the specialty doctors and trust grade fellows have been streamlined to work more collaboratively with the trainee rotas.

Top tips

- Early and ongoing communication at all levels is key to managing perceptions and engaging staff groups.
- Involve all stakeholders and junior doctors from the start of the process.
- Listen to concerns and provide feedback.
- Ensure sufficient support is provided to the educational supervisors, senior managers, medical staffing administrators and clinical management teams.
- Continue to encourage junior doctors to submit exception reports to improve their access to educational and training opportunities. Feedback the outcomes so that doctors know their concerns are being acted upon.
- Use exception reporting to track patterns.
- If a pattern is identified, carry out surveys with junior doctors to highlight and resolve issues.
Further information

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