

Guidance - Checking your dashboard

Electronic exception reporting systems will provide you with much of the information necessary to fulfil your role. If you are using a purpose built system, this information may take the form of a dashboard, summarising the current exception reporting position while allowing you to drill down to obtain further information.

This document is designed to be a checklist encompassing what you may wish to consider when reviewing the exception reports on your electronic system:

1. What to look for first

- Are there any open exceptions which have not been actioned within the time limits specified in the terms and conditions of service (TCS), and that are now overdue? If so, you will need to intervene to ensure resolution. Local judgement should be used on the best course of action for the department / supervisor concerned; it is expected that a quick phone call to get things moving should suffice but you may wish to check back in a day or two to make sure.
- You will also need to respond to any issues that have been escalated directly to you by either doctors in training or their supervisors.

2. Can you see any patterns?

It may be that the supervisor originally dealing with the exception reports has noticed a pattern and has rectified any issue, for example by conducting a work schedule review and agreeing a new work schedule with the doctor(s). If so, the pattern has been addressed.

As the guardian of safe working hours, you will have oversight of all exception reports, and therefore may see a pattern emerging that has not previously been exposed or addressed, including those involving more than one doctor which may be outside the line of vision for an individual supervisor. You may wish to discuss these with the relevant supervisor.

Suggested things to look for might include:

- Are there a number of exception reports related to one particular doctor? What might this indicate?
- Do a number of exception reports for a particular department or rota relate to the same time of the day or week? This may indicate a problem with the rota.
- Are exception reports regularly raised when doctors are working under a particular supervisor? Why might this be?
- Is there a pattern related to particular grades of doctor?
- If covering multiple sites, is there a pattern on a particular site but not on other sites? Why might this be so?

3. Other indicators

Are there departments where exception reports are rarely, or never, raised? This may be a sign that all is well, but it could also mean that doctors in that department feel too intimidated to raise reports. Use your local intelligence to gauge the risk and consider talking to trainees directly if you think that there are concerns that are not being raised.

4. Fact finding

Where a particular issue or pattern of issues has not been addressed, or where you notice a new issue, you may wish to gather more information to help explain why an issue(s) has occurred.

Depending on the issue there may be a range of possible information sources, including:

- any free text boxes filled in by the doctor explaining why they have raised an exception report, and in any responses to the exception report from the supervisor
- information on rota gaps / monthly vacancy reports, by department
- information on weekly/monthly locum usage, by department
- data on clinical activity for specific departments
- discussions with the doctor(s) and supervisor(s) involved
- discussions with the rota coordinator/service lead.

As a guardian of safe working hours, the TCS give you the power to require a work schedule review is undertaken if you believe this is appropriate.

5. Do you need to levy a guardian fine?

Finally, if there have been safety breaches which attract a guardian fine, as described in the TCS, you will need to levy this fine on the department answerable for the breach. In most (but not all) cases, this will involve reviewing a series of exception reports by an individual doctor, as some of these limits (e.g. the 48-hour average working week) can only be breached following multiple exceptions.

Breaches resulting in fines are:

- Has a doctor worked more than 72 hours in a consecutive 168 hours?
- Has the minimum period of rest as described in the TCS been reduced to fewer than eight hours? (Should be clear from an individual breach; a pattern of such breaches would require a work schedule review).
- Has a doctor achieved their breaks on less than 75 per cent of occasions over a four-week reference period? (Review all breaches over 28 days).
- Has the doctor worked more than 48 hours on average per week? (Review all breaches over the length of a rota cycle; in theory, a pattern of breaches should have emerged long before this limit is reached, and a work schedule review undertaken to resolve them. Note also that where time off in lieu has been given in response to breaches, this needs to be taken into account when calculating the actual hours worked over that rota cycle).