Blackpool Teaching Hospitals
NHS Foundation Trust

Strategic Workforce Committee

20th July 2017

Quarter 1 2017/18 Guardian of Safe Working Hours Report

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Date of Report:	10th July 2017

Purpose of Report:

1st Quarter 2017/18 Guardian of Safe Working Hours Report

The reports are integral to the new Junior Doctor's contract and are intended to provide an overview and assurance of the Trust's compliance with safe working hours for doctors across the Trust and to highlight and detail any areas of concern.

1	2	3
For information	**For Discussion**	**For Approval**

Recommendations:

1. The establishment of a Medical Bank and introduction of Electronic Rostering remains a key recommendation and priority.
2. Funding for Exception Reporting Software and the GOSW Assistant both need clarification and securing.
3. Continued monitoring and vigilance is required in respect of working hours on the Medical Junior Doctor Rota's.

Sensitivity Level:

1	2	3
Not sensitive: **For immediate publication**	**Sensitive in part:** **Consider redaction prior to release**	**Wholly sensitive:** **Consider applicable exemption**

1. EXECUTIVE SUMMARY

This is the third Guardian of Safe Working Hours (GOSW) report. These reports are intended to provide an overview and assurance of the Trust's compliance with safe working hours for junior doctors and to detail any areas of concern.

One of the roles of the GOSW is to provide reassurance to the Trust that doctors are working safely across the site. Without the benefit of all the information in a workable format it is again not yet possible to comment on all areas with confidence.

In the previous report I had concluded that there was enough evidence that junior doctors' hours were a significant concern on the FY1 Medical Rota. I am pleased to say and thank the Unscheduled Care Division that an action plan to resolve the specific issues has been implemented and subsequently the number of Exception Reports has fallen significantly. I am however aware that a reduction of 'Winter Pressures' and changes to the threshold of reporting contribute to this indicator of apparent improvement. There remain substantial problems with the medical workforce in Medicine at all levels with impact on the junior doctors.

The recommendation in the last report that Exception Reporting be extended to Junior Doctors on the 2002 TCS was not accepted by the Strategic Workforce Committee. However from August 2017 many more doctors will join the trust on the 2016 TCS and therefore approximately 2/3rd of the Junior Doctor workforce will be able to Exception Report and use this mechanism to highlight any areas of concern.

Areas of concern discussed in the report are:

- **Establishment of a Medical Bank and Introduction of Electronic Rostering**

The current date of implementation of electronic rostering (Allocate ®) for all junior doctors is August 2017.

Despite the difficulty I have bringing appropriate retrospective data together to monitor overworking my analysis in the last quarter has shown that the trust has come very close to a fine from the GOSW for a breach of the 2016 TCS.

The medical bank and electronic rostering should provide contemporaneous information with checks to prevent breaching of these rules and avoidance of fines in the future.

It is also important that some urgent consideration is directed to how these systems will be managed. It would be sensible if current Rota coordinators were integrated further to provide a unified system. However it is essential to retain their expert and historic knowledge of specific medical workforce groups. The role is onerous and vital to the safe running of the hospital any integration should not be seen as an opportunity to cut costs and reduce personnel.

This is a key recommendation and a priority.

- **Funding Exception Reporting Software and GOSW Assistant**

The software currently used to deliver Exception Reporting is funded centrally from Health Education England North West (HENW). It has been announced that this funding will cease from September 2017. Organizations are required to fund their own electronic solution for Exception Reporting and the monitoring of Rota's under the 2002 contract. A decision is required in which budget funding to support Exception Reporting Software will sit.

This provides an opportunity for us to choose which exception reporting system we use. A switch to the Allocate ® system would make sense given that all other aspects of Rota management are provided by this company. However our current system is working well

The GOSW administrative post was filled with a temporary agency member of staff with funding for six months only. The role is proving to be vital to support the GOSW particularly in the day to day oversight of Exception Reporting. It will be of increasing importance as and when exception reporting is available to all doctors. It is important that funding for this role is secured for the future.

It is a key recommendation that funding decisions are clarified for both Exception Reporting software and the GOSW assistant.

- **Junior Medical Rota's**

Internal intelligence and narrative comments continue to indicate substantial issues within the medical workforce in Medicine at all levels. A plan for change and improvement from the Unscheduled Care Division (USC) has been received for the particular concerns previously expressed in the FY1 junior doctor Rota. Some changes have taken place in that specific area.

From August 2017 many core medical training (CMT) doctors will be on the 2016 TCS and we are expecting that Exception Reporting may therefore increase.

Monitoring progress within this area is a key recommendation of this report.

- **Senior Surgical Rota**.

The Rota was non-compliant during monitoring in November 2016 a plan is in place to address this by August 2017.

- **Cardiothoracic Intensive Care Rota**

The Rota is often maintained by internal and external locum cover. Care is required to prevent doctors exceeding average working hours per week. Revised templates are being discussed and recruitment is ongoing.

- **Trauma and Orthopedic and ENT Junior Rota's**

Diary card monitoring and Exception Reporting has indicated problems with both Rota's. Some changes have already taken place but further work is required to resolve these problems.

- **Communication with and engagement of Junior Doctors**

There remains a problem collating junior doctors' views and the GOSW office is exploring ways to enhance communication through social media initiatives.

- **Compliance with European Working Time Directive (EWTD) Opt Out**

The compliance with, and recording of, the EWTD opt out by junior doctors is poor. It is expected that this will be resolved by the establishment of the Medical Bank. In the interim Directorates need to shoulder this responsibility and ensure it is a routine part of the process when their staff are booking additional work. Rota Coordinators have been asked to question doctors, obtain completed forms and forward to the GOSW office.

- **Converting Closed Exception Reporting to Time in Lieu or Payment**

There has been some improvement in ensuring that closed exception reports are actioned promptly. The USC division has introduced a procedure to audit and monitor their reports. I have challenged certain aspects of the policy which potentially inhibit junior doctors reporting and I am currently awaiting a response.

- **Raising Junior Doctors issues at a Divisional Level**

Following from the last report and after discussion at the Strategic Work Force Committee I am pleased to say that the issue of Junior Doctors Hours, Education and Supervision will now be part of the scrutiny at the monthly Divisional Board Performance Review.

In addition the GOSW Report and a summary of relevant Exception reports will now be sent directly to HODs and Divisional Directors each Quarter. The GOSW office will continue to send a summary of exception reports to Rota Coordinators and Directorate Managers each week.

Early recognition of issues and prompt action is likely to result in a more content medical workforce, help recruitment and retention of doctors and may avoid expensive retrospective banding claims.

- **Booking Annual Leave**

Problems booking annual leave have been highlighted by junior doctors in the Unscheduled Care Division (USC). This issue was discussed briefly at the last Strategic Workforce Committee but we have yet to fully understand the problem or take steps to address the concerns. I will again be asking that the Strategic Workforce Committee require the Division to undertake a review of the current local processes that approve junior doctors' leave.

- **Diary Card Monitoring**

From August 2017 the majority of trainees will be on the new contract but there is still a requirement to monitor those on the 2002 TCS. To enable the team to do this with such small numbers it is proposed that Trust grades are included. Not only will this allow the trust to gain a valid monitoring result but will also ensure that all trust grades doctors are working safely

2. KEY RECOMMENDATIONS

i. Establishment of a Medical Bank and Introduction of Electronic Rostering

The establishment of a Medical Bank and introduction of Electronic Rostering remains a key recommendation and a priority.

It will ensure we have full transparency of vacancies, Rota gaps and both planned and additional hours worked by all our junior doctors. The introduction is already underway and It is expected that all junior doctors will be using electronic rostering by August 2017 for the basic rostering of hours worked. It is still unclear when the medical Bank will be operational and also when daily rostering of specific activity will be available on the same system.

It is also important that some urgent consideration is directed to how these systems will be managed. It would be sensible if current Rota coordinators were integrated further to provide a unified system. However it is essential to retain their expert and historic knowledge of specific medical workforce groups. The role is onerous and vital to the safe running of the hospital any integration should not be seen as an opportunity to cut costs and reduce personnel.

ii. Funding Exception Reporting Software and the GOSW Administrator

Both are vital to the role of GOSW and clarification of ongoing funding is essential. The current post holder is via agency and a more permanent administrator is required to ensure consistency.

iii. Junior Medical Rota's

There is a continued need to monitor the plan for change and improvement from the Unscheduled Care Division in respect of the FY1 Medical Rota. In addition internal intelligence, narrative comments and the GMC Survey continue to indicate substantial issues within the medical workforce in Medicine at all levels.

Monitoring progress of this area is a key recommendation of this report.

3. INTRODUCTION

This is the third quarterly Guardian of Safe Working Hours (GOSW) report.

These reports are intended to provide an overview and assurance of the Trust's compliance with safe working hours for junior doctors across the Trust and to detail any areas of concern.

Similar to the previous report the data and information systems are not yet available to allow me to report on all aspects of working hours and for all doctors. It is evident however that progress is being made to ensure these systems are implemented and will soon provide the data and detail required. Therefore again this report concentrates on doctors in training but recommendations are pertinent to all doctors.

As the information currently available is retrospective (other than exception reporting) it has again been difficult to report specifically on the 1st Quarter months and also meet the submission date. The data presented therefore often refers to work outside these times as stated.

I would again like to acknowledge the support, advice, hard work and dedication of the Trainee Doctors Support Team (TDST), Medical Education Team and members of the Junior Doctors Forum (JDF) who are invaluable in assisting the GOSW in the role.

The GOSW administrative post has now been filled and this role is proving to be vital to support the GOSW particularly in the day to day oversight of Exception Reporting. It will be of increasing importance as and when exception reporting is available to all doctors. It is important that funding for this role is secured for the future.

Number of doctors in training	206
Number of doctors on LTFT	10
Number of doctors in training on the 2016 TCS	33 FY1 and 13 ST's
Amount of time available in the job plan for the guardian to do the role	1 PA / week
Administration support provided to the Guardian	1 WTE
Number of recognised Educational / Clinical Supervisors	172 (29 CS only)
Job-planned time for Educational / Clinical Supervisors	0.25 PAs per trainee.

4. CURRENT POSITION

Exception reports for 2016 TCS and Diary Card Monitoring for 2002 TCS

The exception reporting software 'Skills for Health DRS4' funded by Health Education England North West (HENW) continues to provide a reliable system of reporting.

It has been confirmed that the funding from HENW will cease from September 2017. A decision is required in which budget funding to support Exception Reporting Software will sit.

This provides an opportunity for us to choose which exception reporting system we prefer to use. A switch to the Allocate ® system would make sense given that all other aspects of Rota management are provided by this company.

However our current system is working well. Both systems have problems and require improvements which are being coordinated nationally. As there is now a potential opportunity to switch systems

members of the Education Team and myself will review the specification of the Allocate ® Exception Reporting System as soon as possible.

Exception Reporting for Doctors on the 2016 TCS (Attachment 1)

Exception reporting has been available to 36 Foundation Year 1 (FY1) Doctors from 7th December 2016 and for 13 Specialist Training (ST) Doctors from the 1st February 2017.

There have been 121 reports to date (30th June 2017) of which 119 concern problems with safe hours and 2 concern problems with education.

The reports have been submitted from 16 individual doctors (14 FY1 doctors and 2 ST Doctors) which represent 1/3rd of doctors eligible to submit reports.

The vast majority (75%) of exception reports relate to overworking in the FY1 Rota in Medicine with particular concern raised in Respiratory Medicine and to a lesser extent Gastroenterology and Endocrine Medicine.

The frequency of reporting has reduced significantly in the last 3 months and I hope that this represents an improvement in the FY1 medical Rota.

However from conversations with junior doctors and internal intelligence there remains a recurring problem with some doctors choosing not to report significant or regular exceptions when they occur.

As more doctors have access to exception reporting I am hoping that both the confidence to report and the confidence that it can make positive changes to hours and training will increase.

The GOSW office needs to be better able to ensure closed exception reports are actioned promptly with doctors receiving the TOIL or payment owed in a timely manner. Junior doctor colleagues have again reported that this has been detrimental when trying to build confidence in the overall process.

The process recently implemented by the USC division involves the junior doctor collecting a further signature from their supervising consultant and language that implies a secondary step of approval is required. I have challenged the process to ensure that the Exception Report is the only point of discussion and approval in conjunction with the consultant supervisor and that any further steps to action the outcome are clearly administrative in nature.

The culture around exception reporting continues to raise concerns and dilemmas. We have continued to try and ensure that there is an appropriate culture within the organisation to ensure junior doctors are comfortable, confident and indeed encouraged to make exception reports.

Diary Card Monitoring for Doctors on the 2002 TCS (Attachment 2)

Diary card monitoring is applicable only to doctors on the 2002 TCS it requires completion by at least 75% of the doctors on each individual Rota to be valid. Diary card monitoring is not designed or intended to comment on levels of supervision or quality of education for junior doctors.

The response rate to diary card monitoring remains low and therefore it does not contribute fully to the overall picture of hours worked by junior doctors. Of the 27 Rota's where diary card monitoring was applicable a valid result was obtained from 16 (60%) of Rota's in the most recent round.

Concern regarding hours worked has been raised verbally from doctors working in Medicine who are on the 2002 TCS but this is not supported by monitoring exercises. Only 52% of doctors completed the diary card exercise on the Junior Medical Rota and therefore had an invalid result. There was a valid result returned by 78% of doctors on the senior Medical Rota which returned a 1B intensity Rota less onerous than the contracted 1A Rota. With the knowledge that there remain many concerns and difficulties with the medical workforce at all levels I believe it would not be sensible to use this result to reduce payment to these doctors at this time.

From August 2017 the majority of trainees will be on the new contract but there is still a requirement to monitor those on the 2002 T&Cs. To enable the team to do this with such small numbers it is proposed that Trust grades are included. Not only will this allow the trust to gain a valid monitoring result but will also ensure that all trust grades doctors are working safely

From August 2017 more doctors on the Junior Medical Rota will be on the 2016 TCS and have the opportunity to Exception Report and it will be interesting to see if this provides evidence for the concerns often expressed.

The senior General Surgical Rota has been highlighted as a concern on previous occasions and returned a Band 3 (very intense) result from monitoring in November 2016 due mainly to lack of sufficient rest overnight in a 24hr on call Rota pattern. A valid result was also returned in June 2017 which returned a 1B intensity Rota as per their contract. I am not aware that any changes have been made to the Rota since November 2016. I understand it remains the intention to change to a 12 hour shift Rota from 7th August 2017 which is likely to secure safety of this Rota however I am aware it is unpopular with many of the trust grade doctors who participate in that Rota.

The Cardiac Anaesthetic Rota has previously been highlighted as a concern. New Rota templates are being discussed but I have not been reassured that recruitment to this Rota or changes to templates will yet prevent the significant reliance on internal locum cover.

The Trauma and Orthopaedic junior Rota had returned a 2B outcome on a 1B band during monitoring in March 2017 however there were concerns that this did not truly reflect the activity as a whole as it was a 2 week snapshot of a 23 week Rota. JDATs analysis and recommendation was that it was not a valid result and it has yet to be repeated.

Work Schedule Reviews

There have now been 8 work schedule reviews initiated to date.

I had initiated 5 Work Schedule reviews for the junior FY1 Rota in Medicine which had led to the USC divisional plan currently being implemented.

2 Work Schedule Reviews had been initiated in the ENT junior Rota to allow planned changes to the Rota for the 2 doctors within that Rota on the 2016 TCS.

Since the last report I have initiated a Work Schedule Review for the ENT senior Rota following exception reporting and discussion with the trainee. The Rota did not reflect the expected work pattern of the Doctor specifically for the start of a normal working day and also the finish time for a theatre day. The Work schedule is in the process of being altered to reflect the expected work pattern.

Paid Additional Working Hours

I cannot address all additional working hours in GOSW reports fully until I have the available detailed information from a working Electronic Rosters and a Medical Bench.

While information remains retrospective it is difficult to reduce or prevent some overworking.

What has been useful and a change since my last report is that I now attend the Trainee Student Support Committee (TSSC) meeting and have the opportunity to review the available data on additional working hours of trainees with the DME, the Foundation Training Leads and other members of the Education Team.

This gives me additional insight into the data, knowledge of relevant contributory information and the support and additional scrutiny of peers.

For Foundation doctors, using additional payment data, covering December 2016 to April 2017 approximately 55% of the Foundation Doctors were paid for additional work of which for about 1/3rd we have a record of a completed EWTD opt out form.

The amount of extra work undertaken by 2 doctors over this period was a cause for concern at the TSSC meeting and Foundation Leads were asked to speak to the individuals to clarify the detail and discuss further.

One of these Foundation doctors is on the 2016 TCS and an initial review of the hours worked against their Rota cycle at that time would suggest a fine is due. Further investigation, review of leave and qualification of data is required in conjunction with the directorate before a final decision is made.

Additional payment data was also reviewed for doctors in specialist training posts covering periods from February to May 2017. The amount of work undertaken by 4 doctors (4 separate specialties)

was a particular cause for concern at the TSSC meeting. Of note the number of extra shifts in Anaesthesia and particularly those covering the Cardiac Intensive Care Rota remains a problem due to recurrent and significant vacancies.

One of these Specialist Training doctors is on the 2016 TCS and an initial review of the hours worked against their Rota cycle at that time would suggest a fine is due. Further investigation, review of leave and qualification of the data is required in conjunction with the directorate before a final decision is made.

The unqualified and retrospective information available means I cannot easily reassure the Trust that doctors do not exceed recommended safe total average hours (56 hours average) when working internal or external additional paid shifts. We have records for only a small proportion of junior doctors to indicate that they have signed EWTD opt out forms so it is likely that many doctors are working beyond 48 hours without officially indicating their willingness to do so.

There is a personal responsibility for junior doctors to comply with this recommendation and the Trust requires more robust processes to ensure compliance. Rota Coordinators have been asked to question doctors and obtain completed forms but the responsibility to oversee this sits with the Directorates.

Vacancies (Attachment 3)

I do not feel we have a consistent, reliable and coherent understanding of junior doctor establishment, current vacancies and the use of external Locum doctors.

There is work on going to improve this and also to attempt to benchmark our junior doctor establishment nationally against bed numbers and catchment population.

Fines

From the TSSC meeting we identified a number of doctors who had potentially worked excessive additional hours and therefore may warrant a Fine. Following detailed review of the nature of the hours worked and the trainees annual leave all narrowly missed breaching the 2016 TCS.

Narrative Comments from the Junior Doctors Forum and other meetings with Junior Doctors

There remains a problem collating junior doctors views and in securing a regular flow of communication with the GOSW and junior doctors.

We currently have the benefit of a temporary appointment within the TDST with the remit of reviewing and improving communication with Junior Doctors. We have met to discuss potential ways of improving our communication.

A survey of Junior Doctor Opinion is currently underway to understand how best we could communicate. The use of smart phone Apps is a possible way forward as this has been successfully introduced in other trusts.

We are also looking at ways of improving the Junior Doctors Forum with the likelihood that we will aim to meet monthly with a mix of open forums and formal meetings. We have discussed developing specific representative roles for each junior doctor group possibly combined with some training in leadership and management and a more formal recognition of their contribution at the end of a term of office.

Since the last report I have arranged to meet with specific specialty Junior Doctor Groups to listen to any concerns.

The first group to be invited was from Orthopaedic Surgery but we unfortunately had only 2 junior doctors attend to represent their views. Two specific issues were raised; first the team discipline at a morning handover after a night on call to ensure that this was completed within 30 minutes allowing the junior doctor to leave and second that junior doctors without any critical role in theatre were supported in leaving the hospital on time. I have raised both issues with the orthopaedic HOD in the first instance.

As mentioned already in the report the culture around exception reporting can still be improved and some junior doctors have expressed that they have been uncomfortable submitting reports. Junior

doctors need confidence in the process which they feel will only increase when they are able to see tangible benefits and outcomes to the issues reported on. This is likely to improve as more doctors use exception reporting and the proportion of doctors on the new 2016 TCS increases.

Problems booking annual leave have been highlighted to me on a number of occasions and through different sources this is a significant factor in low morale of junior medical staff.

The annual National Training Survey from the GMC has recently been published. The anonymous survey ask all junior doctors at all levels for their opinions on numerous aspects of their training and experience in a post and now for the first time the survey included questions related to workload. There were 4 areas at Blackpool Teaching Hospital NHS trust that return results significantly worse than the national average regarding workload. These were Endocrinology / Diabetes, Gastroenterology, Respiratory Medicine and Geriatric Medicine. Acute Medicine was also a cause for concern. The results reinforce the concern in these areas previously highlighted by exception reporting and comments from trainees.

Workload in radiology, general surgery, ophthalmology and paediatrics was significantly better than the national average.

A dashboard summary of the GMC Survey is Included as **Attachment 4**.

5. SUMMARY

During the last 3 months as Guardian of Safe Working I have continued to promote the role and support junior doctors and Consultant supervisors with the process of Exception Reporting and completing Work Schedule Reviews.

As more doctor move onto the 2016 TCS it is essential that we have secured and clarified funding for Exception Reporting Software and the GOSW assistant.

Completing the introduction of electronic rostering and establishing the Medical Bank remains a priority the logistics of how both these elements will be integrated and delivered requires urgent planning and there has been concurrent issues relating to the culture around exception reporting and action.

I wish to ensure that it can be an open and transparent process that junior doctors can use with confidence while encouraged and supported by the Trust, management teams and their Consultant supervisors.

One of the roles of the GOSW is to provide reassurance to the trust that doctors are working safely across the site. Without the benefit of all the information in a workable format it is again not yet possible to comment on all areas with confidence.

6. KEY RECOMMENDATIONS

i. Establishment of a Medical Bank and Introduction of Electronic Rostering

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It will ensure we have full transparency of vacancies, Rota gaps and both planned and additional hours worked by all our junior doctors. The introduction is already underway and It is expected that all junior doctors will be using electronic rostering by August 2017 for the basic rostering of hours worked. It is still unclear when the medical Bank will be operational and also when daily rostering of specific activity will be available on the same system.

It is also important that some urgent consideration is directed to how these systems will be managed. It would be sensible if current Rota coordinators were integrated further to provide a unified system. However it is essential to retain their expert and historic knowledge of specific medical workforce groups. The role is onerous and vital to the safe running of the hospital any integration should not be seen as an opportunity to cut costs and reduce personnel.

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Both are vital to the role of GOSW and clarification of ongoing funding is essential. The current post holder is via agency and a more permanent administrator is required to ensure consistency.

iii. Junior Medical Rota's

There is a continued need to monitor the plan for change and improvement from the Unscheduled Care Division in respect of the FY1 Medical Rota. In addition internal intelligence and narrative comments continue to indicate substantial issues within the medical workforce in Medicine at all levels.

Monitoring progress of this area is a key recommendation of this report.

Dr Chris Dunkley, Guardian of Safe Working, July 2017