

Strategic Workforce Committee

20th April 2017

Quarter 4, Guardian of Safe Working Hours Report

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Contact Details:	Bleep 506 Ext 53499	
Date of Report:	10 th April 2017	
Purpose of Report:		
<p>4th Quarter Guardian of Safe Working Hours Report</p> <p>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.</p>		
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
For information	For Discussion	For Approval
Recommendations:		
<ol style="list-style-type: none"> 1. The establishment of a Medical Bank and introduction of Electronic Rostering remains a key priority but I am pleased to conclude this is progressing. 2. Exception Reporting should be made available to more Doctors and not just limited to Junior Doctors on the 2016 TCS 3. There is an urgent need for a detailed plan for change and improvement from the Unscheduled Care Division in respect of the FY1 Medical Rota. 		
Sensitivity Level:		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Not sensitive: For immediate publication	Sensitive in part: Consider redaction prior to release	Wholly sensitive: Consider applicable exemption

1. EXECUTIVE SUMMARY

This is the second 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.

There is however enough evidence for me to conclude that junior doctors' hours are a cause for significant concern on the FY1 Medical Rota.

Areas of concern discussed in the report are:

- **Monitoring Safe Working Hours, Levels of Supervision and Quality of Education.**

The establishment of a Medical Bank and introduction of Electronic Rostering remains a key priority. Extending Exception Reporting to more doctors would provide a mechanism to highlight current issues contemporaneously. Both are key recommendations from this report.

- **FY1 Medical Rota**

Exception reporting from FY1 doctors, internal intelligence and narrative comments provide evidence for a cause for concern over working hours. There is an urgent need for a detailed plan for change and improvement from the Unscheduled Care Division.

This is a key recommendation from this report.

- **Senior Surgical Rota.**

The rota is non-compliant but 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 Orthopaedic and ENT Junior Rotas**

Diary card monitoring or Exception Reporting has indicated problems with both rotas. 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 and obtain completed forms, but the responsibility to oversee this sits with the directorates.

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

There have been problems with the often prolonged period of time taken to deliver the outcome of closed exception reports. I recommend that there is a trust wide target for completing the outcome of closed exception reports.

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

To engage with junior doctors and deal with problems promptly I recommend that junior doctor concerns, Exception Reports and Monitoring Results should feature as a fixed agenda item at Directorate meetings. 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 and I recommend that each Division undertakes a review of the current local processes that approve junior doctors' leave.

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 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 I am pleased to conclude this is progressing.

ii. Extending Exception Reporting to more Junior Doctors

Currently Exception Reporting is only available to a limited number of doctors on the 2016 TCS.

The advantages of extending Exception Reporting to more junior doctors will be:

- The Trust will have a mechanism to fully understand and evidence the current issues.
- It demonstrates the Trust is willing to have an open and reflective culture.
- It would give junior doctors a voice to raise issues relating to hours of work, inadequate supervision or lost educational opportunities.
- It would be a mechanism to record and compensate junior doctors with payment or time owing in lieu (TOIL) for extra work undertaken to maintain a safe service during intense periods of demand.
- It gives immediate notification of problems and an opportunity to address them promptly and benefit the doctors in post.

iii. Securing a Detailed Plan of Improvement for FY1 Doctors Rotas in Medicine

There is an urgent need for a detailed plan for change and improvement from the Unscheduled Care Division in respect of the FY1 Medical Rota and I hope the Trust would support the Guardian in setting a deadline of the 19th May for submission of a report.

3. INTRODUCTION

This is the second 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 4th Quarter months and also meet the submission date. The data presented therefore often refers to work outside these times as stated.

Rather than include tables and lists of data in the body of the report the majority has been provided as attachments which I hope will make the report easier to digest.

I would again like to acknowledge the support, advice, hard work and dedication of the Trainee Doctors Support Team, Medical Education Team and members of the Junior Doctors Forum 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.

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

I am pleased to say that the initial implementation problems with the exception reporting software 'Skills for Health DRS4' have been overcome and this system is now working well. This and the other commercial software system for exception reporting do require improvement but I am aware that this is being reviewed nationally in collaboration with 'NHS Employers' and I would therefore expect to see continuous improvement as updates of the current versions are rolled out.

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 99 reports to date (9th April 2017) of which 97 concern problems with safe hours and 2 concern problems with education.

The reports have been submitted from 13 individual doctors (11 FY1 doctors and 2 ST Doctors) which represent 26% 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 level of reporting has been consistent each month except for a notable decrease in February 2017 which I believe corresponds to a loss of confidence in the process as discussed below.

From conversations with junior doctors and internal intelligence there remains a problem with some doctors choosing not to report significant or regular exceptions when they occur. Some doctors are content to work extra hours beyond what most would consider professional flexibility and therefore do not report. Of greater concern however is that many other junior doctors are fearful of the consequences of exception reporting and how this may be perceived by supervising Consultants or how it may affect their end of placement assessments. We have experienced a period when the number of reports and confidence in the process decreased.

My overall impression of Consultant supervisors are that they are supportive of the Exception Reporting process and can see its merits for improving patient safety, improving junior doctors hours and training and also as evidence to make service improvements.

One of our difficulties has been that we have been slow to ensure closed exception reports are actioned promptly with doctors receiving the TOIL or payment owed in a timely manner. This has been detrimental when trying to build confidence in the overall process.

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.

A statement encouraging reporting from our Chief Executive and Medical Director sent to junior doctors has been positive as has a recent published statement by the GMC.

Exception reporting needs to become a standard and accepted way to indicate problems with junior doctor's hours, levels of supervision and education. These issues need to be a fixed item on all Directorate agendas.

Despite the inconsistencies of reporting due to the issues raised above there is no doubt that the Exception Reports and subsequent discussion with junior doctors provides evidence of a significant cause for concern on the junior medical rota. Work schedule reviews and meetings have been initiated to begin to address the issues.

There are a number of exception reports related to overworking on the senior ENT rota. Without initiating a Work Schedule Review it has allowed the trainee and Directorate to find a mutually convenient agreement to pay for extended hours in theatre when needed this supports both the education and training of the doctor and helps maintain the service.

Exception reports related to extended work during Orthopaedic handover has led to changes and improvements to the handover process.

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

The response rate to diary card monitoring remains low and therefore does not contribute fully to the overall picture of hours worked by junior doctors. Diary card monitoring is also not designed or intended to comment on levels of supervision or quality of education for junior doctors.

Concern has been raised verbally from doctors working in Medicine who are on the 2002 TCS (and therefore cannot exception report) but diary card monitoring is not highlighting this concern.

The senior General Surgical rota has previously been highlighted as a concern and changes are being implemented to resolve this by August 2017.

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 has returned a 2B outcome on a 1B band there are some concerns on how truly reflective the monitoring is of the whole rota as this represents a 2 week snapshot of a 23 week rota. More work is required to understand the implications and the best way forward.

The ENT junior rota has returned a band 3 outcome on a 1A rota. This relates to both required start and finish times which are not being reflected in the rota. The issue had been raised prior to the scheduled monitoring and work schedule review and template changes are currently being made. Payment for these extra hours worked was suggested to mitigate any banding claim as all parties had recognised the issue and were genuinely working towards a solution.

Work Schedule Reviews

There have been 7 work schedule reviews initiated to date.

I have initiated 5 Work Schedule reviews for the junior FY1 rota in Medicine.

Not all Work Schedule Reviews have been completed within the 7 day target. All parties involved are aware that the solutions to issues raised are not easy and will require cross collaboration with many other rota's and grades of doctor within Medicine.

From the completed Work Schedule Reviews we have had return so far is a reaffirmation that exception reporting can be the mechanism to record and compensate for ongoing episodes of overworking while a more permanent change and solution is developed.

What is required but as yet has not been forthcoming is a detailed plan for change and improvement from the Unscheduled Care Division that we can measure progress and improvement against. This will be a key recommendation from this report.

2 Work Schedule Reviews have 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.

Locum Bookings

I cannot address Locum bookings in GOSW reports fully until I have the available detailed information from Electronic Rosters and a Medical Bench.

For Foundation Doctors we know that around 65% undertake planned extra hours of work and only a quarter of these have signed a EWTD opt out form.

In the 6 month period August 2016 to February 2017 the median number of episodes of extra work was 8 and the median total hours worked was 31 with a range between 3 and 312 total hours worked. 10 doctors worked more than 100 hours in 6 months and of those 3 doctors worked in excess of 190 hours which may possibly have taken them above the average 56 hours average/week. Without more detail on the amount of work undertaken during leave or knowledge of their base hours it is difficult to comment more. I do not have easy access to data which will tell me where the majority of this work was undertaken.

I have included some information on extra work undertaken by doctors in Specialist Training over the 3 months December 2016 to February 2017 (Attachment 3). This indicates that the particular areas requiring internal locum cover from doctors in training are consistently each month the Cardiac Intensive Care Rota (anaesthesia) and then a peak just in January for Acute Medicine and Emergency Medicine.

The unqualified and retrospective information available means I cannot reassure the Trust that doctors do not exceed recommended safe total average hours (56 hours average) when working internal or external locum 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

A list of current vacancies is included as Attachment 4.

Fines

There have been no fines issued in the past Quarter.

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.

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.

There was a strong recommendation from members of the Junior Doctors Forum that Exception Reporting should be made available for all doctors as soon as possible.

Problems booking annual leave have been highlighted to me on a number of occasions and through different sources.

Core Medical Training doctors have retrospectively expressed concern with issues of overworking and lack of supervision and some of these doctors have asked to use Exception Reporting to be able to record problems as they occur.

It certainly would be better if we could collate and qualify these comments with reference to particular incidents and episodes and thus have robust evidence of the concerns.

FY1 doctors had been complimentary about the compliance with working hours and support provided in Emergency Medicine.

5. ISSUES ARISING AND ACTIONS TO RESOLVE

The areas of concern regarding safe working hours are:

- **Senior Surgery Rota**

The Rota is non-compliant after monitoring.

Following on from the recommendation of the last GOSW report and after discussion between the Directorate and doctors working on this rota it has been decided to implement a full shift pattern rota from August 2017.

- **Cardiothoracic Intensive Care Rota**

There remain a number of indicators that suggest a continuing cause for concern.

The current level of vacancies and pressure for junior doctors to cover extra shifts needs to be carefully managed to ensure average weekly hours limits are not breached. Support to recruit to vacant positions is required.

The Head of Department for Cardiothoracic Anaesthesia is currently working on revising rota templates. There is improvement in the process of booking internal locum cover to ensure doctors are aware of their personal responsibilities and compliance for completing EWTD opt out forms.

- **Monitoring Safe Working Hours, Levels of Supervision and Quality of Education**

An electronic rostering system and establishing a Medical Bank is a priority to help ensure the Trust can easily track, record, monitor, report and therefore comply with safe working hours for all doctors within the Trust.

Progress is being made in implementing the Allocate rostering system. Draft proposals for the Medical Bank have been circulated and an implementation date of June 30th established.

Currently Exception Reporting is only available to a limited number of doctors on the 2016 TCS but I would recommend that we make Exception Reporting available to more junior doctors.

The advantages of extending Exception Reporting to more junior doctors will be:

- The Trust will have a mechanism to fully understand and evidence the current issues.
- It demonstrates the Trust is willing to have an open and reflective culture.
- It would give junior doctors a voice to raise issues relating to hours of work, inadequate supervision or lost educational opportunities.
- It would be a mechanism to record and compensate junior doctors with payment or TOIL for extra work undertaken to maintain a safe service during intense periods of demand.
- It gives immediate notification of problems and an opportunity to address them promptly and benefit the doctors in post.

This recommendation would be in line with answers to questions given by Danny Mortimer of NHS Employers at the National GOSW Conference and the GMC stance detailed in a recently released statement. There was strong support for the suggestion from members of the Junior Doctors Forum.

It is however not the current policy of our lead employer. It would complement but as yet cannot replace the diary card monitoring for doctors on the 2002 TCS. It would however mean that overworking is compensated for and inaccurately banded rotas are uncovered therefore avoiding retrospective claims but still allowing improvement of working hours for doctors on the 2002 TCS.

I would recommend a gradual extension of exception reporting and begin by introducing it to all Core Medical Training Doctors where it is clear there is a need for further information and there is a current cause for concern.

- **FY1 Medical Rota**

Exception Reporting from FY1 Doctors, internal intelligence and narrative comments provide evidence for a significant cause for concern over working hours.

There is an urgent need for a detailed plan for change and improvement from the Unscheduled Care Division.

- **Trauma and Orthopaedic Junior Rota**

Rota monitoring has indicated a problem relating to overworking at the end of the working day. Exception Reporting has highlighted problems with prolonged handovers.

The Head of Department is aware of the issue with handovers and steps are already being implemented to improve this. I will be seeking reassurance that overworking at the end of the working day can be addressed by changes in practice or if not by revising work schedules and rotas.

- **ENT Junior Rota**

Diary card monitoring and issues raised by junior doctors indicate there is a problem relating to overworking at both the beginning and end of the normal working day. The current rota template does not reflect the reality of the working day.

New rota templates have already been written with input from junior doctors to resolve the issues.

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

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

It is expected that an extension of Exception Reporting to more junior doctors will enhance the flow of information. The GOSW office is exploring ways to enhance communication through social media initiatives.

- **Compliance with 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 and obtain completed forms but the responsibility to oversee this sits with the Directorates.

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

There have been problems with the often prolonged period of time taken to deliver the outcome of closed Exception Reports. This has contributed to a lack of confidence in the process. Delay in giving TOIL is likely to increase the need to compensate with a payment and also therefore likely to incur a fine if total average hours per week worked are then exceeded.

I recommend that there is a trust wide target for completing the outcome of closed exception reports. The detail will require further consideration of the current processes producing monthly pay slips and the 6 week leave booking limits.

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

Exception Reports can be a powerful tool to evidence problems within the Directorate in addition to Directorates regularly collating the views of their junior doctors.

To engage with junior doctors and deal with problems promptly I recommend that junior doctor concerns, Exception Reports and Monitoring Results should feature as a fixed agenda item at Directorate meetings. 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 on a number of occasions and through different sources. The problems relate to either restrictions being placed on leave taking despite doctors giving appropriate notice and offering flexibility or a prolonged period of time between submission of requests and approval.

I recommend that each division undertakes a review of the current local processes that approve junior doctors leave.

6. 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 latterly with completing Work Schedule Reviews.

The problems with the junior Medical rota have been and continue to be a current focus.

There has been concurrent issues relating to the culture around exception reporting and 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.

There is however enough evidence for me to conclude that junior doctors hours and levels of supervision are a cause for significant concern on the junior Medical rota.

7. KEY RECOMMENDATIONS

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

The establishment of a Medical Bank and introduction of electronic rostering remains a key 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 I am pleased to conclude this is progressing.

2. Extending Exception Reporting to more Junior Doctors

Currently Exception Reporting is only available to a limited number of doctors on the 2016 TCS.

The advantages of extending Exception Reporting to more junior doctors will be:

- The Trust will have a mechanism to fully understand and evidence the current issues.
- It demonstrates the Trust is willing to have an open and reflective culture.
- It would give junior doctors a voice to raise issues relating to hours of work, inadequate supervision or lost educational opportunities.
- It would be a mechanism to record and compensate junior doctors with payment or TOIL for extra work undertaken to maintain a safe service during intense periods of demand.
- It gives immediate notification of problems and an opportunity to address them promptly and benefit the doctors in post.

3. Securing a Detailed Plan of Improvement for FY1 Doctors Rotas in Medicine

There is an urgent need for a detailed plan for change and improvement from the Unscheduled Care Division in respect of the FY1 Medical rota and I hope the Trust would support the Guardian in setting a deadline of the 19th May for submission of a report.

Dr Chris Dunkley, Guardian of Safe Working, April 2017

