Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Strategic Workforce Committee

19th January 2017

Subject:	Safe working hours for Doctors in training
Report Prepared By:	Dr Chris Dunkley, Guardian of Safe Working
Date of Report:	4th January 2017
Service Implications:	To ensure safe delivery of care to patients To ensure the Safe working hours of our Junior Doctor workforce
Data Quality Implications:	Data not available in the required format
Financial Implications:	Penalties applied to divisions who breach safe working hours
Legal Implications:	Potential breach of 2016 Terms and Conditions for doctors in training, breach of EWTD.
Links to the Principles of The NHS Constitution:	People Centred, Quality of Care, Improving working lives, best value
Links to Key Organisational Objectives:	Quality, Safety, People, Delivery, Environment, Cost
Links to Care Quality Commission Quality and Safety Standards	Safety and Quality of service provision, Staffing, Supporting Workers
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Purpose of Report:

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

Key Recommendations

The establishment of a Medical Bank and introduction of Electronic Rostering should be of high priority and its introduction appropriately resourced.

The Medical Director may need to assist the Surgery HOD in finding a trust wide solution to limit inappropriate access to the senior surgeon on site or take a view that the quality of care would be better with the senior surgeon on a shift pattern.

The Board is asked to:

Support the key recommendations

Risk Rating (Low/Medium/High): **BAF/CRR Number:**	**Board Review Date:**

Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 ☐ **For Information**	**2** x **For Discussion**	**3** ☐ **For Approval**

Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.		
1 x **Not sensitive:** **For immediate publication**	**2** ☐ **Sensitive in part:** **Consider redaction prior to release.**	**3** ☐ **Wholly sensitive:** **Consider applicable exemption**
Reason for level of sensitivity selected:		

Links to CQC Standards - Care Quality Commission Essential Quality and Safety Standards	
Outcome 1 - Regulation 17	Respecting & Involving People who use Services
Outcome 2 - Regulation 18	Consent to Care & Treatment
Outcome 4 - Regulation 9	Care and Welfare of People who use Services
Outcome 5 - Regulation 14	Meeting Nutritional Needs
Outcome 6 - Regulation 24	Cooperating with other Providers
Outcome 7 - Regulation 11	Safeguarding People who use Services from Abuse
Outcome 9 - Regulation 13	Management of Medicines
Outcome 10 - Regulation 15	Safety and Suitability of Premises
Outcome 11 - Regulation 16	Safety, Availability and Suitability of Equipment
Outcome 13 - Regulation 22	Staffing
Outcome 14 - Regulation 23	Supporting Workers
Outcome 16 - Regulation 10	Assessing & Monitoring the Quality of Service Provision
Outcome 17 - Regulation 19	Complaints
Outcome 21 - Regulation 20	Records

Executive summary

This is the first quarterly guardian of safe working hours report.

The reports are intended to provide an overview and assurance of the trusts compliance with safe working hours for doctors across the trust and to highlight and detail any areas of concern.

33 doctors in training started on the new 2016 Junior Doctors Contract on 7th December 2016 and now use Exception Reporting to monitor compliance with safe working hours. Exception reporting has been introduced and the first reports submitted and resolved with doctors receiving mainly Time off in lieu for extra hours worked.

Doctors in training on the old (2002) junior doctors contract are required to submit diary cards to monitor the working hours. Compliance with this process has been and continues to be poor and it is therefore difficult to provide the trust with reassurance on the safe working hours of many of these doctors.

The senior surgery Rota was found to be non-compliant after diary card monitoring. Doctors received insufficient rest during their on call period of work. The doctors are happy with the current pattern and largely prefer not to change the Rota but concentrate on ensuring they are not disturbed by inappropriate calls. A solution is required to ensure compliance with safe working hours.

The Cardiac Intensive Care Rota has vacancies and monitoring evidence to suggest that its Doctors are at risk of breaching safe working hours especially when undertaking additional extra paid duties to cover Rota gaps.

Collating and understanding the many sources of information and data across the trust related to extra work undertaken by non-consultant doctors has been difficult, frustrating and ultimately unlikely to deliver the ability to report and provide the analysis expected. While it could be possible to adapt these sources it is hoped that electronic rostering and the use of a Medical Bank should deliver the required solution and also with the benefit of real-time monitoring of hours not possible with current retrospective recording.

One of the roles of the Guardian is to provide reassurance to the trust that doctors are working safely across the site. Overall I have found no evidence to express a concern however after only a few months in the role and without the benefit of all the information in a workable format it is simply not possible to say more.

Key Recommendations

The establishment of a Medical Bank and introduction of Electronic Rostering should be of high priority and its introduction appropriately resourced.

The Medical Director may need to assist the Surgery HOD in finding a trust wide solution to limit inappropriate access to the senior surgeon on site or take a view that the quality of care would be better with the senior surgeon on a shift pattern.

Introduction

This is the first quarterly guardian of safe working hours report.

The reports are intended to provide an overview and assurance of the trusts compliance with safe working hours for doctors across the trust and to highlight and detail any areas of concern.

I hope this report will in time encompass and draw upon data for doctors in training, trust doctors and agency doctors to highlight specific departments, Rotas and doctors at risk of, or breaching guidance on safe working hours. At present it has only been possible to focus on doctors in training. Having reviewed many sources of data but given the time and resources available to me it has proved impossible to bring together all these sources in a coherent fashion and the report therefore does not yet fulfil its intended and eventual remit.

Only for doctors on the 2016 Terms and Conditions of service (TCS) using Exception Reporting do we have contemporaneous data and information on their working hours. Information sources for other doctors is retrospective and largely unqualified meaning that it is very difficult to provide accurate and meaningful information on hours worked and difficult to provide absolute reassurance that all individuals work safely. It will also mean the trust remains vulnerable to retrospective banding claims.

There is an urgent need to ensure that both the planned adoption of electronic rostering (Allocate) and the use of a Trust Medical Bank to control all additional work are both in place if I am to deliver the full remit of the role and reassurance to the Board in these reports.

As information available is retrospective (other than exception reporting) I have reported on the 3 months September, and November to be able to meet the submission date for the report.

I would like to acknowledge the support, advice, hard work and dedication of both the Trainee doctor support team and medical education team during the difficult implementation of the new junior doctors contract and especially those aspects related to the role of the guardian of safe working hours. I would also like to acknowledge colleagues in the IT department for helping with the implementation of the exception reporting system.

Number of doctors in training :	206
Number of doctors on LTFT:	10
Number of doctors in training on 2016 TCS :	33 FY1 drs from 07/12/16 and 13 ST drs from 01/02/17
Amount of time available in job plan for guardian to do the role:	1 PAs per week
Administration support provided to the Guardian :	1 WTE (vacant)
Number of Recognised Educational / Clinical Supervisors:	172 (29 CS only)
Job-planned time for Educational /Clinical Supervisors:	0.25 PAs per trainee

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

Exception reports by department (4th January 2017)								
Specialty	Rota (DRS ID)	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	TOIL (Hours)	Paid (Hours)	No. exceptions outstanding	Outstanding (Hours)
A&E	28245	-	0					
Acute Medicine	28245	-	0					
Anaesthetics	26733	-	0					
Medicine	2770	-	13	13	18.45	1.15	0	0
Surgery	29205	-	0					
O+G	26729	-	2	2	3	0	0	0
Orthopaedics	26734	-	0					
Paediatric	26720	-	0					
Total					**21.45**	**1.15**	**0**	**0**

Comment

There are 33 Foundation Year 1 doctors currently on the 2016 TCS and therefore using the exception reporting system to indicate when their work deviates significantly or regularly from their agreed work schedule. Exception Reporting has been available for these doctors from the 7th December 2016. We have experienced considerable difficulty in ensuring that the Exception Reporting system would be compatible universally with our current IT systems and nationally there were issues with the software company's server rejecting many of our junior doctor emails. The launch of exception reporting was therefore not as smooth or simple for our junior doctors as I would have wished. Solutions have been found and the system does now deliver the basic reporting elements promised with access for doctors throughout the trust computer network and on personal smart phones or home PCs.

We know the system works but despite persistent efforts communicating we have yet to have return responses from many individuals to provide final reassurance and confirmation that all 33 junior doctors and all their clinical supervisors can access the system. I have however not been made aware of doctors wishing to submit exception reports and being unable to do so.

Four doctors have submitted a total of 15 exception reports and all have been dealt with promptly by their clinical supervisors despite the inevitable disruption of the Christmas and New Year holiday period.

All exception reports have been submitted due to doctors working beyond contracted hours at the end of a normal day. The majority of reports have been addressed with Time Off In Lieu (TOIL) as compensation, 1 with a payment and 3 other reports acknowledged but after discussion an agreement reached that no compensation was appropriate.

The final step will be to see that TOIL or extra paid hours are granted as agreed and I will be seeking feedback from junior doctor that this has happened with minimal difficulty.

It is too early to make comment on trends or patterns from the exception reports submitted so far but I would expect that over the next quarter the number of exception reports increase and some patterns develop.

My experience of the Exception Reporting has been positive and it will be interesting to see the views of our junior doctors over the coming months. I hope it will promote discussion and be a timely mechanism to effect positive changes where the process uncovers the need.

While the number of exception reports is currently few it is clear, even with these, that there is and will increasingly be a need for an administrator to oversee the process, monitor the progress of exception reports and ensure they are completed and actioned.

Hours monitoring exercises (for doctors on 2002 TCS only)						
Monitored Hours	**% Response Rate**	**Template Banding**	**Outcome Banding**	**Template Hours**	**Monitored Hours**	**Comments**
Anaesthetics Foundation	100%	NIL	NIL	40:00	40:00	
Anaesthetics Junior	80%	1A	1A	44:15	44:22	
Anaesthetics Senior	78% **	1A	1A	46:30	47:17	Concerned raised over completing Handovers
Cardiology Junior	37% **	1A	None	46:43	-	
Cardiology Senior	20% **	1A	None	45:58	-	
Cardiothoracic Senior	4%	1A	None	46:49	-	
Emergency Medicine Foundation	35% **	1A	None	44:56	-	
Emergency Medicine Junior	8% **	1A	None	40:30	-	
Emergency Medicine Senior	50% **	1A	None	41:35	-	
Haematology	100%	1B	1B	44:00	44:00	None
Histopathology	100%	1B	1B	43:45	46:00	Trainee had not indicated why hours are exceeded.
Medicine Foundation	47% **	1B	None	46:16	-	
Medicine Junior	30% **	1B	None	46:56	-	
Medicine Senior	46% **	1B	None	46:18	-	
Microbiology	Vacant	-	None	-	-	

Obs & Gynae Foundation	100%	NIL	NIL	48:40	48:40	
Obs & Gynae Junior	83%	1A	**2B**	46:21	49:43	Concern raised over Handovers and Rota Gaps
Obs & Gynae Senior	100%	1A	1A	46:21	47:26	Concern raised over Handovers and Rota Gaps
Ophthalmology	-	-	-	-	-	Monitoring planned in January 2017
Orthopaedics Junior	67%	1B		46:53	46:53	
Orthopaedics Senior	0% **	1B	None	45:43	-	
Orthopaedics Senior	7%	1B	None	43:57	-	
Otolaryngology Junior	100%	1A	1A	47:11	46:08	Concern raised about late finish after nights due to Handover
Otolaryngology Senior	36%	1A	None	44:24		
Paediatrics Foundation	86%	NIL	NIL	38:45	38:45	Concern raised over late Handover
Paediatrics Junior	88%	1A	1A	46:18	46:43	Concern raised over late Handover and missed breaks
Paediatrics Senior	75%	1A	1A	47:17	47:15	Concern raised over missed breaks
Radiology Junior	75%	NIL	NIL	40:00	40:00	
Radiology Senior	100%	1A	1A	44:30	44:30	
Rheumatology (Gen Med Peripheral)	Vacant	-	-	-	-	
Sexual Health (GUM)	100%	1B	1B	42:36	43:34	
Surgery, Urology, T & O. Foundation	46%	1A	None	46:42	-	
Surgery Junior	0%	1B	None	46:58	-	
Surgery Senior	**100%**	**1B**	**3**	**43:36**	**44:16**	**Insufficient Rest in 24hr on call period but trainees prefer not to change rota format. Previous similar breach before**

GP (FY2) Adelaide St	100%	NIL	NIL	40:00	40:00	
GP (FY2) Ansdell MC	100%	NIL	NIL	37:00	37:30	
GP (FY2) Arnold MC	100%	NIL	NIL	36:00	36:00	
GP (FY2) Bloomfield MC	0%	NIL	None	34:00		
GP (FY2) Broadway MC	Vacant	-	-	-	-	
GP (FY2) Glenroyd MC	100%	NIL	**1B**	38:00	38:00	Dispute over accuracy of diary entry
GP (FY2) Layton MC	0%	NIL	None	36:00	-	
GP (FY2) Marton MC	100%	NIL	NIL	40:00	40:00	
GP (FY2) North Shore	100%	NIL	NIL	36:00	36:00	
GP (FY2) St Pauls	0%	NIL	None	36:30		
GP (FY2) Stoneyhill	0%	NIL	None	38:30		
GP (FY2) The Village	0%	NIL	None	38:00		
Cardiac Anaesthetics a	Vacant					
Cardiac Anaesthetics b	100%	1A	**2A**	45:25	44:49	Trainee indicated a choice to work longer. Acting up in consultant capacity prior to appointment in a substantive consultant post
Cardiac Anaesthetics c	100%	1A	1A	44:37	44:37	
Anaesthetics LTFT 1	100%	FAF7	FAF5	29:28	29:28	
Anaesthetics LTFT 2	100%	FAF7	FAF5	29:37	29:37	
Anaesthetics LTFT 3	100%	FAF8	FAF5	32:48	32:35	
Cardiology LTFT 1	100%	FAF6	FAF8	26:51	26:51	
General Medicine LTFT 1	100%	FAF8	NSF5	35:30	35:30	
Obs & Gynae LTFT 1	100%	FBF6	FBF6	25:58	25:58	

Paediatrics LTFT 1	0%	FAF6	None	26:22		
Paediatrics LTFT 2	71%	FAF6	None	26:22		
Rheumatology LTFT 2	86%	NSF8	NSF8	32:00	32:10	
LTFT Emergency Medicine 1						Unable to monitor due to Maternity Leave

** The monitoring exercise has been repeated and the response was still below 75%

Junior Rota : predominantly FY2 CT ST1 or ST2 doctors.

Senior Rota : predominantly ST3+ doctors.

Comments

The response rate to diary card monitoring exercises has historically been disappointing and remains very poor. This mirrors a national picture and is one of the reasons that diary cards have been replaced by Exception Reporting in the 2016 TCS. Locally there has been a further disengagement with the process following the dissatisfaction associated with many issues around the implementation of the new Junior Doctors Contract. A great deal of time, effort and resources is dedicated to the process with little benefit or reassurance for either trainees or the trust.
I have the opportunity and will raise the issue of poor compliance with monitoring at the forthcoming regional Guardian meeting in February in addition to raising the issue with the Lead Employer. I have had previous discussions with both the Lead Employer and NHS employers over the use of Exception Reporting for all doctors, including those on the 2002 TCS, and that or a combination with diary cards may be a welcome improvement but it is however not a local decision to make.
In the interim trainees on the 2002 TCS have a personal, contractual and collective responsibility to comply with current diary card monitoring exercises if they wish to document, evidence and help address problems with their working hours and I will be encouraging them to do so going forward.

Handovers are a recurring theme of comments received from monitoring exercises. A structured handover can be both time efficient and add greatly to patient safety and best practice needs to be disseminated throughout the trust.

The senior Surgery Rota is non-compliant due to breaching the continuous rest rules and has previously returned similar outcomes. A change is therefore required. The Rota has a mix of non-training and training grade doctors and the majority prefer the current Rota pattern and do not express concern about their ability to perform their role. Personal communication is that many calls during the rest period are inappropriate. Retention of staff, continuity of care and enhanced educational opportunities are cited as reasons not to convert to a full shift Rota. These arguments have merit but concern must be raised of the safety posed by senior decision makers potentially working with insufficient rest.

The division needs to find a solution which may either be with a full shift pattern or by improving the gatekeeping of access to the senior surgeon after 22:00 hours.

Work schedule reviews

No Work Schedule Reviews this Quarter.

Locum bookings: Trust grade doctors and Agency doctors

Extra work provided by both trust grade and agency doctors is recorded and reported in a variety of different ways across the trust. The data is also confounded by extra work recorded for temporary increased activity and work undertaken by consultant staff. Unpicking these diverse sources to provide an accurate, reliable and qualified interpretation that is still robust enough to draw conclusions and comparisons of departments, specific Rota's, and individuals is difficult and would be immensely time consuming with the ultimate risk of flaws.

Data on agency usage and financial spend on a divisional basis is available from other sources but does not particularly help provide insight into specific Rota's and safe working of individuals.

Despite much effort, in the time available it has proved impossible to report with any confidence on these areas in detail and I have therefore chosen not to.

I hope these difficulties will be resolved with the adoption of electronic rostering (Allocate) and the use of a Trust Medical Bank to control, monitor and record additional work in a contemporaneous manner.

An alternative and interim solution would be for all areas to record and report in a similar fashion and with appropriate detail. I have made progress in asking some departments to report in a certain manner where this has not been too great a change but I recognize overall this is a major undertaking and potentially an unnecessary disruption when a solution is imminent.

Locum bookings: Doctors in Training

I have used data collated by the Trainee Doctors Support Team supplied from individual departments and reflecting payments made to Doctors in Training for work above their contracted hours. I make the assumption that this will be the most accurate reflection of time worked as all parties would wish to ensure the payment is accurate.

To meet the reporting date information for the 3 months September, October and November are presented.

Until a data collection process is in place through Electronic Rostering and the Medical Bank the information is by its nature retrospective, unqualified and without the required detail to make it particularly useful at highlighting areas of concern. In particular it is unclear where junior doctors have worked in their annual leave distinct from extra work in addition to a normal contracted working week.

Extra Paid Hours Worked by Core and Specialty Doctors / Quarter (September, October, November 2016)				
Specialty	Grade	Number of shifts worked	Number of hours worked	Estimated Cost
A + E / Emergency Medicine	CT/ST12	5	45	1845
A +E / Emergency Medicine	ST3+	2	16	800
Anaesthesia	CT/ST12	3	35	1435
Anaesthesia	ST3+	10	84	4200
Cardiac Intensive Care (Anaesthesia)	ST3+	25	311	15550
Cardiology	CT/ST12	5	44.5	1824.5
Cardiology	ST3+	9	25.5	1275
Cardiothoracic Surgery	ST3+	1	10	500
ENT	CT/ST12	5	37.5	1537.5
ENT	ST3+	10	155	7750
General Medicine / CMT	CT/ST12	10	60.5	2480.5
General Medicine	ST3+	22	164.5	8225
General Surgery	CT/ST12	3	28	1148
GPST	CT/ST12	2	12.5	512.5
Paediatrics	CT/ST12	4	48	1968
O +G	CT/ST12	10	34.75	1424.75
O + G	ST3+	13	63.5	3175
Ophthalmology	ST3+	2	32	160

T + O	CT/ST12	3	28.5	1168.5
T +O	ST3+	17	81	4050
Total		161	1316.75	£61,029.25

Extra Paid Hours Worked by Foundation Doctors / Quarter (September, October, November 2016)						
Grade	% Foundation Drs Working Paid Extra Hours	Average hrs worked per Doctor per Quarter	Range of hrs worked per Doctor per Quarter	Median hrs worked per Doctor per Quarter	Total Hours	Estimated Cost
FY1	53%	23	3 - 76	12		£13,658
FY2	56%	44	4.5 – 148.5	42		£33,443
All	54%	34			1247.5 hrs	£47,101

Comment

The newly instigated Rota to provide 24 hour resident anaesthetic cover for the cardiac intensive care unit remains problematic. Extra hours completed as indicated above, diary card monitoring and recurrent vacancies indicate a continuing problem. Some doctors have worked a number of extra shifts which on top of their normal contracted hours puts them at risk of breaching the average weekly limit of 56 hours.

Vacancies

Vacancies (December 16th 2016)										
Department	Grade	Foundation Doctors Establishment	Foundation Doctors Currently in Post	Vacancies	Pennine Doctors Establishment	Pennine Doctors Currently in Post	Vacancies	Trust Doctors Currently in Post	Vacancies	Total Vacancies
Anaesthetics	FY1	1	1	0	N/A	N/A	N/A	0	0	0
Anaesthetics	Junior	1	1	0	8	8	0	0	0	0
Anaesthetics	Senior	N/A	N/A	N/A	15	13.5	1.5	0	0	1.5
Cardiology	Junior	2	2	0	4	4	0	0	2	2
Cardiology	Senior	N/A	N/A	N/A	6	5.5	0.5	5	1	1.5
Cardiothoracic	Senior	N/A	N/A	N/A	2	2	0	6	0	0
Cardiac Anaesthetics	Senior	N/A	N/A	N/A	3	2	1	0	0	1
Emergency Medicine	FY1	6	6	0	N/A	N/A	N/A	0	1	1
Emergency Medicine	Junior	5	5	0	8	7.5 **	0.5	4	0	0.5
Emergency Medicine	Senior	N/A	N/A	N/A	3	2	1	5	0	1
Haematology	Senior	N/A	N/A	N/A	3	1	2	LTFT 1	0	2
Histopathology	All	N/A	N/A	N/A	2	2	0	0	0	0
Medicine	FY1	12	11	1	N/A	N/A	N/A	3	0	1

Vacancies (December 16th 2016)										
Department	**Grade**	**Foundation Doctors Establishment**	**Foundation Doctors Currently in Post**	**Vacancies**	**Pennine Doctors Establishment**	**Pennine Doctors Currently in Post**	**Vacancies**	**Trust Doctors Currently in Post**	**Vacancies**	**Total Vacancies**
Medicine	Junior	4	4	0	28	23	5 *	7	0	5
Medicine	Senior	N/A	N/A	N/A	11	9	2	1	1	3
Microbiology		N/A	N/A	N/A	N/A	N/A	N/A	0	0	0
Obs & Gynae	FY1	1	1	0	N/A	N/A	N/A	0	0	0
Obs & Gynae	Junior	1	1	0	7	7	0	0	1	1
Obs & Gynae	Senior	N/A	N/A	N/A	5	4.5	0.5	2	0	0.5
Ophthalmology	All	N/A	N/A	N/A	4	3	1	5	1	2
Orthopaedics	Junior	N/A	N/A	N/A	3	3	0	4	2	2
Orthopaedics	Senior	N/A	N/A	N/A	2	2	0	8	2	2
Otolarynology	Junior	1	1	0	3	3	0	0	0	0
Otolarynology	Senior	N/A	N/A	N/A	2	2	0	2	1	1
Paediatrics	FY1	2	2	0	N/A	N/A	N/A	0	0	0
Paediatrics	Junior	3	3	0	5	5	0	0	0	0
Paediatrics	Senior	N/A	N/A	N/A	5	5	0	1	0	0
Radiology	Junior	N/A	N/A	N/A	1	1	0	0	0	0
Radiology	Senior	N/A	N/A	N/A	4	3.5	0.5	0	0	0.5
Rheumatology (Gen Med	Senior	N/A	N/A	N/A	1	0.5	0.5	0	0	0.5

Vacancies (December 16th 2016)										
Department	**Grade**	**Foundation Doctors Establishment**	**Foundation Doctors Currently in Post**	**Vacancies**	**Pennine Doctors Establishment**	**Pennine Doctors Currently in Post**	**Vacancies**	**Trust Doctors Currently in Post**	**Vacancies**	**Total Vacancies**
Peripheral)										
GUM	Senior	N/A	N/A	N/A	1	1	0	0	0	0
Surgery, Urology & T&O	FY1	13	13	0	N/A	N/A	N/A	0	0	0
Surgery	Junior	3	3	0	3	2	1	1	2	3
Surgery	Senior	N/A	N/A	N/A	4	3	1	4	2	3

- * For the purpose of this report, for any trainees who are on mat leave, the post is being recorded as vacant
- ** Emergency Medicine have been sent 1 extra trainee for the junior rota (1 post is vacant, 1 is LTFT, 1 LTFT is on Mat Leave)

Fines

No Fines were levied in the last Quarter

Narrative Comments from Junior Doctors and Educational / Clinical Supervisors

No specific issues have been fed back through the Junior Doctors Forum but we are still in the process of building the role of the forum and establishing and improving communication with junior doctors.

In my initial general meetings with junior doctors and supervisors issues raised have been:

That there was a frequent requirement to work beyond contracted hours in general medicine. This has been partly supported by the initial exception reports submitted but unfortunately diary card monitoring has not been completed to provide other supportive evidence. However it will be an area that I would wish to keep a close watch on over the next quarter.

Two junior doctors have raised issues over difficulties booking their annual leave despite giving adequate notice, alternative dates and at times when few or no other colleagues were absent. This is an issue to investigate further along with colleagues from the junior doctors support team.

Many clinical supervisors have raised a concern that the 0.25 SPA allocation in job plans will not meet the extra burdens of the 2016 TCS (more detailed work schedules, exception reporting etc).

Over the next 12 months I will aim to take more direct views from junior doctors by meeting with individual teams and through feedback at the junior doctors forum.

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.

The preferred option would seem to be to ensure robust processes are in place to prevent inappropriate access to the senior surgeon at night. Alternatively conversion to a shift rota may be necessary but could adversely impact on recruitment, retention and continuity of care in a department already suffering increased vacancies.

The Head of Department for Surgery and consultant colleagues has been informed and an informal exchange of views taken place they are aware that this report will highlight the issue and the trust board would be seeking reassurance of a solution. Views from Doctors working the Rota have been gathered which support the view that currently they are not dissatisfied with the working pattern.

Cardiothoracic Intensive Care Rota.

There are a number of indicators that suggest a 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 hour limits are not breached. Support to recruit to the vacant positions is required.

The Head of Department for Anaesthesia and Cardiothoracic are aware of the ongoing risk and have given reassurance that doctors will not work beyond rostered hours and that care will be taken to prevent any doctors working above a 56 hour average weekly limit when undertaking extra paid work.

Monitoring Safe Working Hours

An Electronic Rostering System and establishing a Medical Bank is a priority to help ensure the trust can easily track record, monitor, report and comply with safe working hours for all doctors within the trust.

In the interim education and advice has been given, and will continue, to Rota co-coordinators to help ensure doctors are not asked to work excessive hours. When doctors in training are offered work they should now be questioned and have a professional responsibility to volunteer if they are in danger of breaching the recommended weekly average working hours.

Summary

The first few months as the Guardian of Safe Working Hours have focused on promotion of the role, establishing the Junior Doctors Forum, educating junior doctors and their supervisors and introducing the Exception Reporting System.

Collating and understanding the many sources of information and data across the trust on extra work undertaken by non-consultant doctors has been difficult, frustrating and ultimately unlikely to deliver the ability to report and provide the analysis expected. While it could be possible to adapt these sources it is hoped that electronic rostering and the use of a Medical Bank should deliver the required solution and with the benefit of real-time monitoring of hours not possible with current retrospective recording.

I would urge the trust board to put sufficient emphasis and resources behind their introduction as experience from other trusts suggests that a dedicated implementation team is required for a successful and timely introduction.

One of the roles of the Guardian is to provide reassurance to the trust that doctors are working safely across the site. Overall I have found no evidence to express an overall concern however after only a few months in the role and without the benefit of all the information in a workable format it is simply not possible to say more.

Key Recommendations

The establishment of a Medical Bank and introduction of Electronic Rostering should be of high priority and its introduction appropriately resourced.

The Medical Director may need to assist the Surgery HOD in finding a trust wide solution to limit inappropriate access to the senior surgeon on site or take a view that the quality of care would be better with the senior surgeon on a shift pattern.