



Strategic Workforce Committee

26<sup>th</sup> October 2017

Quarter 2: 2017/18 Guardian of Safe Working Hours Report

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| <b>Date of Report:</b>   | October 2017  |  |
| <b>Purpose of Report:</b><br><br><b>2nd Quarter 2017/18 Guardian of Safe Working Hours Report</b><br><br>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.   |   |  |
| <b>1</b><br><br><b>For information</b>   | <b>2</b><br><br><b>For Discussion</b>   | <b>3</b><br><br><b>For Approval</b>  |
| <b>Recommendations:</b><br><br><ol style="list-style-type: none"><li>1. The establishment of a Medical Bank and introduction of Electronic Rostering remains a key recommendation and the priority.</li><li>2. Monitoring progress with recruitment and continuous vigilance of remedial actions for the Junior Rota in Medicine is a key recommendation of this report.</li><li>3. Reassurance that knowledge and implementation of annual leave policies for junior Doctors will be consistently applied is a key recommendation of this report.</li></ol> |   |  |
| <b>Sensitivity Level:</b>  |   |  |
| <b>1</b><br><br><b>Not sensitive:<br/>For immediate publication</b>  | <b>2</b><br><br><b>Sensitive in part:<br/>Consider redaction prior to<br/>release</b> | <b>3</b><br><br><b>Wholly sensitive:<br/>Consider applicable exemption</b> |

## 1. EXECUTIVE SUMMARY

This is the fourth 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 with any confidence and give that reassurance.

From August 2017 around 75% of trainee doctors at the hospital are on the 2016 TCS and going forward I would hope that the mechanism of Exception Reporting will now begin to provide a more accurate picture of the Working Hours, Clinical Supervision and Educational Experience of being a Junior Doctor at this Trust.

There are however still perceived barriers to Junior Doctors reporting freely and there remains much work to do to improve the culture around reporting. It is encouraging to see that Consultants in hard pressed specialties in the hospital are very supportive and actively encouraging reporting to help raise the issue of understaffing in these areas.

I am pleased to report that the Medical Education team has agreed to fund the GOSW PA support for the current financial year to relieve the cost pressure on the Trust. They have also funded the exception reporting system and the Band 3 administrator.

I am pleased to report that the senior Surgical Rota has from August 2017 converted from a 24 hour Non-Resident Rota to a 12 hour shift pattern in response to the risk of insufficient rest previously highlighted by Diary Card Monitoring.

### **KEY AREAS OF CONCERN AND RECOMMENDATIONS:**

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

I am disappointed to see that the progress towards this goal is frustratingly slow.

The medical bank along with electronic rostering should provide contemporaneous data and information on all extra work undertaken by doctors in the trust. It should provide better oversight and highlight areas of concern, provide a mechanism to ensure we comply with all the safeguards of the EWTD and 2016TCS and it will clearly focus where the medical staffing costs are.

Completing the introduction of electronic rostering and establishing the Medical Bank therefore remains a priority.

The logistics of how both these elements will be integrated and delivered requires urgent planning and leadership. Adequate personnel, facilities and resource are required now to meet that objective.

This is a key recommendation and the priority.

- **Junior Medical Rota**

Exception reporting, additional hours worked, internal intelligence, a number of unfilled shifts and narrative comments continue to indicate substantial issues within the medical workforce in Medicine at all levels.

Monitoring progress with recruitment and continuous vigilance of remedial actions for the Junior Rota in Medicine is a key recommendation of this report.

- **Booking Annual Leave**

I have again received comments and have some clear examples from Junior Doctors about the difficulties they face when wishing to book leave. It is clearer now to me that there are areas of good practice but unfortunately also areas where a lack of knowledge or an inappropriate focus to avoid daytime Rota gaps has meant junior Doctors have experienced unnecessary difficulty booking leave even when giving the required notice.

Reassurance that knowledge and implementation of annual leave policies for junior Doctors will be consistently applied is a key recommendation of this report.

#### **ADDITIONAL AREAS OF CONCERN:**

- **Long-term funding for the GOSW, the GOSW administration post and Exception Reporting System**

Funding has been identified for the next 12 months from the Education Budget however these posts and the electronic system are required to fulfill contractual requirements of the 2016 TCS and funding should therefore come directly from the Trust. This will need reviewing in 12 months.

- **Cardiothoracic Intensive Care Rota**

Additional hours worked, internal intelligence and a number of unfilled shifts continue to indicate that the Rota is maintained by internal and external locum cover. Care is required to prevent doctors who are working internal locum shifts from exceeding average working hours per week.

- **Trauma and Orthopedic Rota**

Diary card monitoring and Exception Reporting have previously indicated problems with these Rota's.

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

We have developed a strategy to have more frequent open forums to gauge junior doctor opinion. Following a survey and discussion at the Junior Doctors Forum it was decided not to proceed with some of the previously suggested social media initiatives but to concentrate on improving our core communication via email and promotion of the current OneHR site on line.

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

The recording of the EWTD opt out by junior doctors is poor and we have therefore little knowledge of compliance. I conclude that this will not be fixed until we have the medical bank and electronic rostering established.

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

There has been some improvement in ensuring that closed exception reports are actioned promptly. I am pleased to say that the USC division was happy to accept my modifications to their process.

- **Diary Card Monitoring**

From August 2017 a majority of trainees are on the new contract but there is still a requirement to monitor those on the 2002 TCS. To enable the Trainee Doctor Support Team (TDST) to do this with such small numbers Trust Grade Doctors will be included in the current round of monitoring. This will be reported in the 3rd quarter report.

## 2. INTRODUCTION

This is the fourth 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.

I am disappointed to see that the progress towards this goal is frustratingly slow.

As the information currently available is retrospective (other than exception reporting) it has again been difficult to report specifically on the 2nd 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.

I wish to particularly acknowledge the TDST and GOSW team who in the past month have been challenged with closing down and securing the historical information held on the DRS System and transferring information to the Allocate System. Rota templates and details of all Junior Doctors and Supervisors have all been transferred.

The funding of the GOSW role, GOSW administrative post and Exception Reporting have been secured for 12 months.

|  |                                       |
|--|---------------------------------------|
| Number of doctors in training  | 206                                   |
| Number of doctors on LTFT  | 11                                    |
| Number of doctors in training on the 2016 TCS                            | 158<br>(35FY1.36FY2.87CT/ST doctors ) |
| 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.                 |

## 3. CURRENT POSITION

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

The regional funding for the exception reporting software 'Skills for Health DRS4' by Health Education England North West ( HENW ) ceased on the 30<sup>th</sup> September 2017.

From the 1<sup>st</sup> October 2017 the Trust has funded and switched to use the Exception Reporting Software provided through Allocate. This now brings all our reporting, rostering and Rota management under a unified system.

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

Exception reporting has been available to 36 doctors from December 7<sup>th</sup> 2016 and available to a further 13 doctors from the 1<sup>st</sup> February 2017.

From August 2<sup>nd</sup> 2017 there are now 158 doctors on the 2016 TCS and able to Exception Report representing ¾ of the trainee doctor workforce.

From 7<sup>th</sup> December 2016 to 30<sup>th</sup> September 2017 154 exception reports have been submitted of which 151 reports have been related to hours or rest. The reports have been submitted from 29 individual doctors reporting a median of 3 exception reports each ( range 1 to 24 reports )

The vast majority (72%) of exception reports relate to overworking in Medicine with particular concern raised in Respiratory Medicine and to a lesser extent Gastroenterology and Endocrine Medicine.

Having fallen significantly in June and July there has been a sharp rise in the number of reports submitted in August and September. I would expect that this represents both the 3 fold increased in the number of doctors able to report and also the inevitable challenges for doctors settling into an unfamiliar role and/or an unfamiliar hospital. The pattern of reports is unchanged with 75% from medicine in August and September.

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 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 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.

There has been no Monitoring since the July 2017 GOSW report.

A round of Junior Doctor Monitoring is commencing as this report is written and will conclude in November 2017

The number of doctors in training on 2002 TCS is low. In an attempt to get a full and clear picture of a Rota in a short period of time the monitoring will now include any Trust Grade Doctors participating on the same Rota as doctors in training. It is increasingly difficult to get a valid diary card monitoring exercise completed. It is unclear how including the trust grade doctors will affect the process but I expect it will raise more difficulties.

### **Work Schedule Reviews**

There have no Work schedule Review since the last report

### **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 Roster and a Medical Bench.

While information remains retrospective it is difficult to identify and therefore reduce or prevent overworking.

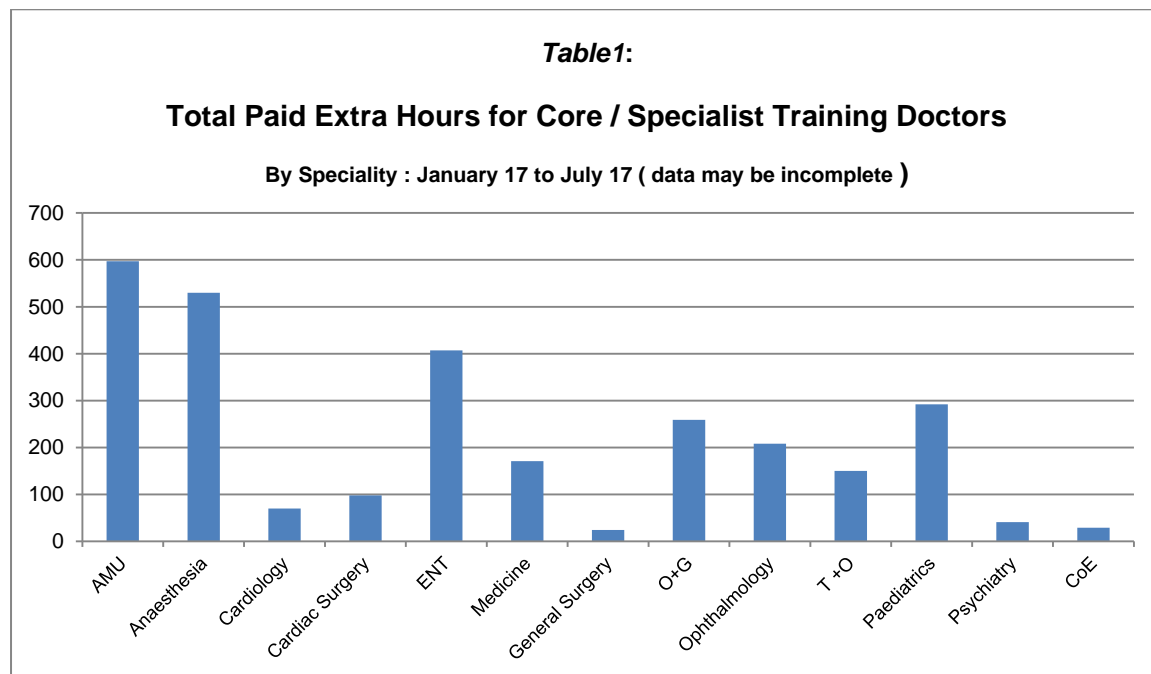
#### Foundation Doctors:

37 of 72 foundation doctors have undertaken extra work paid through the trust from August 2016 to August 2017. The total number of extra hours worked over this 12 month period by any individual ranged from 242 to 3 hours with a mean of 45 hours worked and median of 25 hours worked.

#### Core and Specialist Training Doctors:

I have summarised the total number of paid extra hours worked by core/specialist training doctors by specialty in *Table 1*. Acute medicine and Anaesthesia ( principally cardiothoracic ICU cover ) are the two areas where most additional hours are worked.

The requirement to work excess hours in ENT at the beginning of the year will have, at least in part, been addressed through a work schedule review and subsequent change.



There were no doctors in training that raised a cause for concern or prompted further investigation from information presented and discussed at the most recent Trainee Student Support Committee (TSSC) meeting.

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 ( 18% ) of our current 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.

The recording of the EWTD opt out by junior doctors is poor and we have therefore little knowledge of compliance. I conclude that this will not be fixed until we have the medical bank and electronic rostering established.

### **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**

No fines have been levied

### **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. It was pleasing to see an improved response from Junior Doctors willing to join the Junior Doctors Forum.

A survey of Junior Doctor Opinion on communication strategies was completed but despite some support within this for alternative social media initiatives the Junior Doctors Forum decided to concentrate on improving our core communication by email and promotion of the OneHR site on line.

A number of informal Junior Doctor Events are being set up throughout the year to encourage junior Doctors to voice their concerns. These meetings will include some education with CME certification which we hope will encourage attendance.

The issue of unfilled out of hour's shifts was raised at the Junior Doctor Forum. Currently these shifts may go unnoticed and unrecorded but they may have profound implications for the intensity of work for the junior doctor remaining on shift and having to absorb the additional workload of a missing colleague. I have raised the issue in a discussion with the Medical Director and suggested that covering all out of hour's shifts was a basic benchmark of the service and inability to do so should raise an incident and action at the highest levels within the trust.

#### **4. SUMMARY**

To provide the information and analysis required of the GOSW and for the trust to have a clear understanding of some of the current difficulties in Junior Doctor Rota's we need to complete the full implementation of electronic rostering, ideally bring Rota coordinators together and use that team to deliver a medical bank. There is a need for an individual to oversee and lead that team, unify processes and policies, share knowledge and promote and manage the bank.

I believe this will give the trust a clearer view of what is happening and the GOSW the information to fulfill the role

**Dr Chris Dunkley**

**Guardian of Safe Working**

**October 2017**