Blackpool Teaching Hospitals
NHS Foundation Trust

Strategic Workforce Committee

8th January 2018

Quarter 3: 2017/18 Guardian of Safe Working Hours Report

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Date of Report:	January 2018

Purpose of Report:

3rd 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. Monitoring progress of remedial actions to improve the Junior Rota in Medicine with a specific concern and focus on Respiratory Medicine is the key recommendation of this report
2. The establishment of a Medical Bank, introduction of Electronic Rostering, standardisation of reporting and applying consistent leave policies remains a key recommendation and the priority.

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 Fifth 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.

There is evidence from exception reporting and narrative comments that in this last Quarter there have been occasions when junior doctor's hours and workload has not been safe. Junior Doctors have for the first time indicated an Immediate Safety Concern when submitting Exception Reports

From August 2017 many more junior doctors, around 75% of our total, have been on the 2016 TCS and therefore able to Exception Report. It is interesting to note that despite a more diverse group of junior doctors now able to exception report the areas and themes of concern are similar to those previously highlighted by Foundation Doctors prior to August 2017.

I believe there are still barriers both perceived and real to Junior Doctors reporting freely. In an attempt to provide an alternative route to voice concerns I have conducted an anonymous survey of junior doctors in this last quarter and include those results in this report.

KEY AREAS OF CONCERN AND RECOMMENDATIONS:

- **Respiratory Medicine**

Exception reporting, additional hours worked, internal intelligence, and comments received at meetings indicate substantial difficulties for our Junior Doctors working in Respiratory Medicine. Immediate Safety Concerns have been raised by Junior Doctors

Ensuring some changes occur imminently and plans are developed for future improvements is the key recommendation of this report.

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

It continues to be disappointing that progress towards this goal is 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 2016 TCS 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 if I am to report as required.

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.

Although we now have the tools in allocate to establish electronic rosters, establish the medical bank and provide consistent data collection and reporting we are at best scratching the surface.

There would be benefit to greater integration, standardization and accountability of rota management, ideally in a central location. A single and standard approach guided and overseen by a senior individual could yield a number of benefits: Improved and consistent annual leave policies; improved cross cover; an opportunity to introduce and build the rosters and the functions of the medical bank using allocate in a standard fashion; provide standard data and information for all who need it in a consistent universal way reducing the current duplication of reporting and allowing direct comparison.

I am however cautiously encouraged that a new group has been established meeting from January 2018 to establish the Medical Bank with the target of completing that specific element by the end of March 2018.

ADDITIONAL AREAS OF CONCERN:

- **All Medicine Rota's**

In addition to the particular and specific concerns in Respiratory Medicine there remain concerns about overworking, vacancies, locum use and rota gaps on other medical rotas. There is a concern about the senior support for acute care in these areas. Immediate Safety Concerns have been raised by Junior Doctors. This is a national issue and for us more doctors will be part of the solution but I think there is a need to completely re think and redesign the acute service and challenge the current model in light of the changing demographics and demand.

- **Annual Leave taking in Unscheduled Care**

There remain difficulties with a number of aspects of leave taking for our junior doctors in the unscheduled care division. It is a continued and consistent area of concern

- **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. This Rota has attracted a Guardian Fine in the last quarter for breaching the 72 hour rule. Despite recent but limited recruitment care is required to prevent doctors who are working internal locum shifts from exceeding average working hours per week or breaching working hour's rules.

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

The recording of the number of junior doctors who have completed the EWTD opt out is poor and we have therefore little knowledge of compliance. I conclude that this will not be completely fixed until we have the medical bank and electronic rostering established. For now we should expect greater compliance and accountability from the divisions.

- **Long Term Funding for GOSW Functions**

Funding for the Exception Reporting system and the GOSW administrator post are currently funded from the Medical Education budget which cannot be a long term solution. In addition some administrative tasks are now being undertaken by the GOSW office rather than Divisions to ensure Exception Report Outcomes are actioned. A long term source of funding needs to be identified.

- **Taking Natural Breaks**

This has been highlighted on a number of occasions in Junior Doctor Monitoring.

2. INTRODUCTION

This is the fifth 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 in the manner recommended by NHS Employers. From October 1st 2017 we have used the Allocate software for Exception Reporting this now brings all our Reporting, Rostering and Rota Management under a unified system. However only unscheduled care are currently using any aspect of the Allocate Rostering system and we are therefore a long way from using its full capacity across the hospital.

The information currently available is therefore largely retrospective and it has again been difficult to report specifically on the 3rd Quarter months. Any 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.

Number of doctors in training	206
Number of doctors on LTFT	11
Number of doctors in training on the 2016 TCS	158 (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

From the 1st October 2017 we switched to use the Exception Reporting Software provided through Allocate.

Exception Reporting for Doctors on the 2016 TCS (A1)

For the 3 months October, November and December 2017 there were 57 Exception reports submitted by 17 Doctors.

There were 3 reports from the Scheduled Care Division and the remaining 54 reports (95%) were from the Unscheduled Care Division.

Overall there were 52 reports due to Excess Hours, 4 Reports due to a different Pattern of Hours worked and 1 due to insufficient senior Support for a service commitment.

24 reports were from foundation doctor rotas, 22 from junior Specialist Trainee doctor rotas and 11 from Senior Specialist trainee doctor rotas.

Within Scheduled care 2 reports related to working 73.5 hours in a seven day period thus breaching one of the EWTD rules by 1.5 hours and incurring a small Guardian Fine. The rota has been amended to prevent recurrence.

Within Unscheduled Care the overwhelming majority 39 (72%) of 54 exception reports were submitted from Respiratory Medicine with 6 each from Gastroenterology and COOP and 3 from Endocrinology. Significantly 7 reports were submitted in which the junior doctor indicated an Immediate Safety Concern.

Respiratory Medicine

The number nature and frequency of Exception reports, evidence from the recent GMC survey and narrative comments at junior doctor Focus groups have all contributed to highlighting our current and ongoing concern for Junior Doctors working in Respiratory Medicine.

I have to acknowledge consultants in respiratory medicine who have encouraged exception reporting which has undoubtedly helped shine a light on the difficulties within their own area. I hope this openness continues especially if their own practice falls under scrutiny in addition to reviewing the nuts and bolts of junior doctor's numbers, hours and patterns of work.

I have initiated a Work Schedule Review and initially met with a representative group of junior doctors from Respiratory Medicine along with the Unscheduled Care Director and his Deputy. There was a good exchange of views which did highlight and confirm concerns about hours, education and supervision. We have had further meetings with the Respiratory Medicine HOD and Medical Director and there is an ongoing plan of action to help improve the situation.

Immediate Safety Concerns

7 Immediate safety concerns were flagged on Exception Reports retrospectively. I (or the DME) have spoken to each individual junior doctor about each episode, the circumstances, the situation and support available from others at that time. Of the 7 episodes I believe 2 did constitute an immediate safety concern as outlined in the 2016 JDC TCS.

I include below the relevant guidance from the 2016 Junior Doctor Contract (JDC).

2016. JDC TCS. Chapter 05; Paragraph 16.

Where an exception report indicates concern that there is an immediate and substantive risk to the safety of patients or of the doctor making the report, this should be raised immediately (orally) by the doctor with the clinician responsible for the service in which the risk is thought to be present (typically, this would be the head of service or the consultant on-call). The doctor must confirm such reports electronically to the educational supervisor (via an exception report) within 24 hours.

I have had to judge that the remaining episodes did not constitute an immediate safety concern. As an example patients may have been critically unwell requiring junior doctors to work well beyond their standard hours but appropriate senior support was clearly available or present and I have been reassured that the doctors own wellbeing had not been a concern in that situation.

I wish to ensure that junior doctors continue to report freely and that they indicate an immediate safety concern if they feel that is appropriate and wish to highlight the seriousness of a situation. However I will try and improve knowledge of the relevant paragraph on 'Immediate Safety Concern' in particular that any such situations should be reported and highlighted with an appropriate senior doctor at the time and also that we have procedures and a culture in place to encourage that to happen.

Completion of Exception Reports / Knowledge of the System

The discipline from both trainee and supervisor around the completion of reports needs to improve. A number of reports are not attended to in a timely manner. I acknowledge that there are frequent difficulties with availability to meet to discuss, problems of access to the system and knowledge of the process. I will therefore make further efforts to educate and we will continue to provide prompts and encouragement over the next few months. I will review our approach to this issue over the coming year.

Delivering Outcomes from Exception Reports

I have been disappointed with the Unscheduled Care Division who have continued to make the delivery of exception report outcomes difficult despite it being a clear contractual requirement.

I offer my apologies to junior Doctors as this has meant payments or TOIL has not been received and confidence in the process greatly diminished.

To ensure that Exception Report Outcomes are honored the GOSW office is now processing ‘Payment Outcomes’ directly with payroll both locally and regionally. If Directorates cannot give evidence of ‘TOIL Outcomes’ being taken, or a date identified within 30 days of the exception report being agreed, the GOSW office will be processing a payment as an alternative and complete the report ourselves. Divisions and directorates will continue to receive regular notification of the reports and outcomes.

Diary Card Monitoring for Doctors on the 2002 TCS (A 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.

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 our monitoring now includes any Trust Grade Doctors participating on the same Rota as doctors in training.

Of the 19 participating rotas 8 returned a valid result. Otolaryngology was highlighted as a significant risk but subsequent investigation and discussion indicated that junior doctors had requested a specific working pattern in the knowledge that it was in breach of the current template and working hours. The doctors are now aware of their responsibility to work within the limits governing rest after duties, rota coordinators will ensure adequate rest is provided and the matter is now resolved.

Of note there were 8 rotas indicating a failure of Natural Breaks.

Work Schedule Reviews

As discussed under Exception Reports a Work Schedule Review is underway for Respiratory Medicine

Vacancies

Due to the inconsistent collection of data and the inability to present it in a more meaningful way than similar data that is already available to the trust board I have not included any vacancy data in this report. I will decide how best I can do this in the future.

Fines

Two Fines each of £132.93 were imposed for breaching the 72 hour rule on the Cardiac Intensive Care Rota. In mitigation the rota pattern worked had previously successfully passed our old rota management software check.

Paid Additional Working Hours

I cannot address all additional working hours in GOSW reports fully until I have contemporaneous detailed information from a working Electronic Roster and a Medical Bench that would enable reporting of both external and internal extra paid work.

While information remains retrospective it is difficult to identify and therefore reduce or prevent overworking. I do not have the data to confidently ensure that doctors are not working more than an average of 56 hours per week.

I was unable to attend the most recent Trainee Student Support Committee meeting but note that 4 foundation doctors and 2 Specialist training doctors were identified as possibly overworking and therefore requiring greater scrutiny.

To understand the full extent of extra paid work required to support each medical specialty and to compare between them the following information should ideally be viewed with knowledge of the extra work also provided by external locum agencies.

Foundation Doctors:

It is not yet possible for me to link the extra work undertaken by FY doctors to a specific rota.

For the 12 month period 1st August 2016 to 31st July 2017;

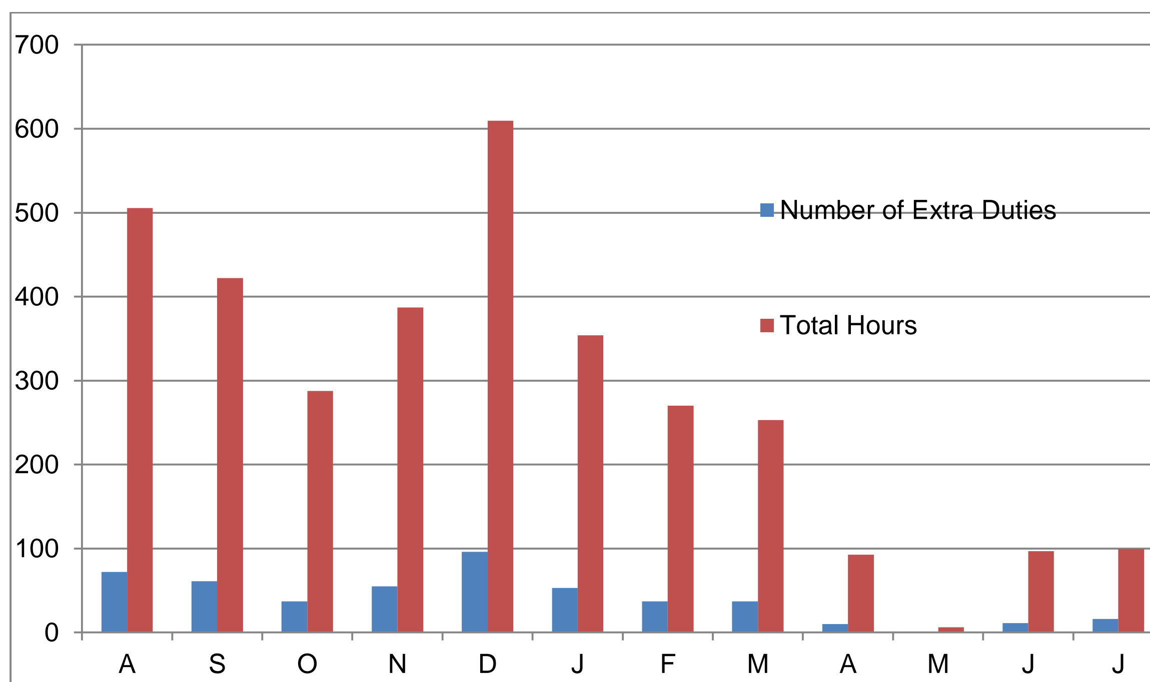
There were 486 Extra paid shifts

The average shift length was 7 hours

The trust paid for an additional 3380.5 Hours

43% of Extra Duty shifts were completed by doctors who had completed the EWTD opt out.

Foundation Doctors Extra Duty Hours. August 2016 to August 2017		
Month	**Number of Extra Duties**	**Total hours**
August	72	505.5
September	61	422
October	37	287.5
November	55	387
December	96	609.5
January	53	354
February	37	270
March	37	253
April	10	92.5
May	1	6
June	11	97
July	16	99.5



Core and Specialist Training Doctors:

For the 12 month period 1st August 2016 to 31st July 2017;

There were 690 extra paid shifts.

The average shift length was 8 hours.

The trust paid for a total of 5625 additional hours.

We only have evidence of a EWTD opt out completed by a very small minority of Specialist Training Doctor

Pennine Doctors Extra Duty Hours. Specialties are Ranked by Total Hours August 2016 to August 2017			
	Number of Extra Duties	**Average length of Extra Duty**	**Total hours**
All Specialties	690	8	5625
Anaesthesia (majority Cardiac ICU)	142	11.5	1643
Medicine	174	7	1249
Obstetrics and Gynaecology	101	6	625
ENT	84	8.5	552
Cardiology	44	7	317
Paediatrics	28	11.5	314
Trauma and Orthopaedics	54	5	276
Emergency Medicine	23	7	175
OTHERS	*37*	*12*	*474*

Over 50% of the total hours are accounted for by Anaesthesia and Medicine.

For Anaesthesia, and despite appropriate funding, the problem remains vacancies in the Cardiac Intensive Care Rota. Following recruitment through the Medical Training Initiative (supported by the Royal College of Anaesthetists) two additional doctors were offered posts but it looks likely that only one will take up the offer and probably not be available to start until April 2018. Two fines for overworking have been imposed on this Rota.

For medicine a recruitment team from the hospital spent a number of days interviewing candidates in the Middle East. I am aware there is a Business case for additional posts currently with the Trust Board and I would strongly support it.

Regional Guardian of Safe Working Report (A3)

The Regional Guardian report covering the period August 2016 to August 2017 was published in November by our Lead guardian Dr Victoria Hall. The report is an overview taken from the review of quarterly reports provided by 15 of the 18 local trusts. A summary of the report is included as A3.

Of the15 trusts we had received the 3rd highest number of Exception Reports (in proportion to the numbers of doctors on the 2016 TCS). It is only possible to speculate the reasons for that ranking and I would inevitably prefer to think that it is good news and reflects our efforts as a trust to encourage junior doctors to report. Only when we have more data over many years could we draw any firm conclusions.

Similar issues to our own are also themes for other trusts and included: poor trainee engagement, inability to take TOIL, time taken for supervisors to complete reports, difficulty processing payments and difficulty monitoring doctors average weekly hours when undertaking extra work.

Pertinent to one of these problems we are asked in the report to consider a step wise escalation of enforcements to ensure supervisors engage and complete reports in a timely fashion. As previously discussed I think we have some way to go with educating colleagues, improving processes and offering carrots first but it is good to have some regional guidance.

Of note our recently introduced Dashboard of Junior Doctor Issues used to inform Performance Board Meetings was highlighted in the regional report as a very positive development and something other trusts may wish to adopt.

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

A number of informal Junior Doctor Meetings have been arranged throughout the year. These are intended to provide an opportunity for junior doctors to voice their concerns. Each meeting will also provide some educational element which we hope will be of benefit and interest in addition to encouraging attendance.

In the course of reviewing a number of exception reports and in particular reviewing those that have raised an immediate safety concern I have spoken to a number of junior doctors and consultants in unscheduled care over the last quarter.

All in unscheduled care division are in tremendous pressure from the volume and nature of admissions they receive each day. I do not profess to have a full knowledge of their competing priorities and difficulties but I can see that there is a need for a review of how the emergency admissions and inpatients are managed if we are to support Junior Doctors and provide optimal patient care. This is a national issue and for us more doctors will be part of the solution but I think there is a need to completely re think and redesign the acute service and challenge the current model in light of the changing demographics and demand.

Junior Doctor Survey

Being conscious that there are an unknown number of junior doctors who for a variety of reasons are reluctant to exception report or voice their opinion in other ways I have recently undertaken an online anonymous survey with the hope that this would give me a better insight into our Junior Doctors working life. In particularly I was interested to learn if despite working some extra hours most doctors remained satisfied with their working life and continue to see those extra hours as a routine and acceptable aspect of their profession.

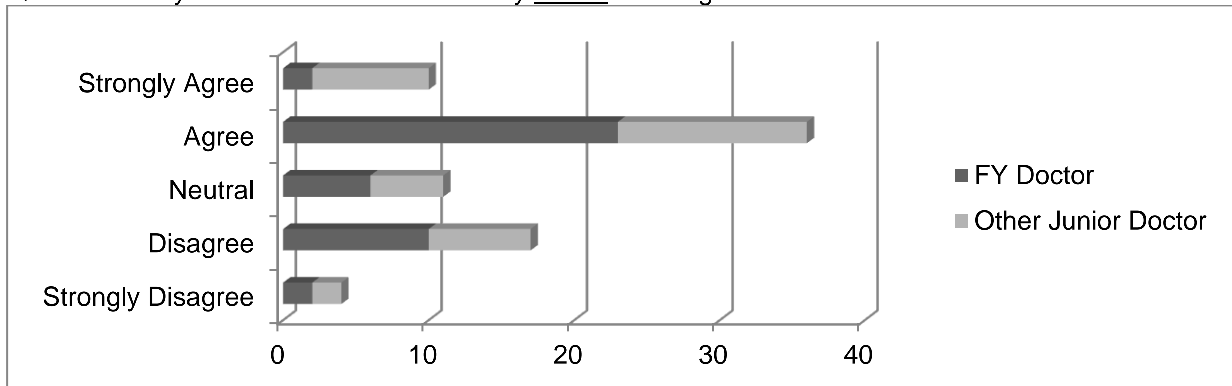
The Survey was conducted using *'Survey Monkey'* with an email invitation sent to personal email addresses held on file and currently used by the TDST for routine communication. The email invitation was sent on 3 separate occasions over a three week period to all the Junior Doctors currently working at the hospital on the 2016 Junior Doctor contract (73 Foundation Year Doctors and to a 79 other Junior Doctors). The survey consisted of 10 questions.

Question 9 asked for narrative comments. 32 (41%) doctors completing the survey chose to leave a comment and these have been collated and are included as an attachment (A4) to this report.

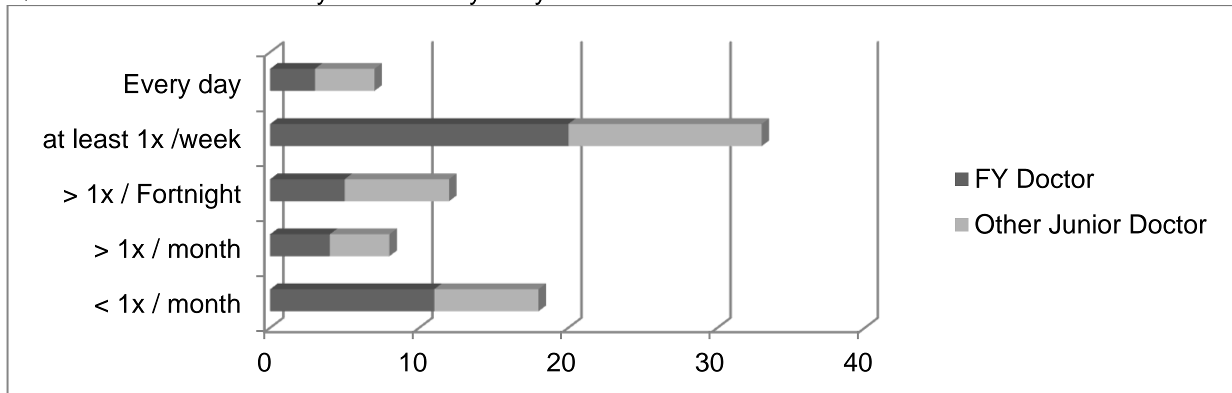
Question 10 asked for the doctor's current area of work. Responses were received from doctors working in a broad range of specialties. The Divisions were represented as follows with 30% from Scheduled Care, 40% from Unscheduled Care and 15% from Women's and Children's.

On the 18th December 2017 a total of 78 (51%) of doctors had completed the survey (59% of Foundation Doctors and 44% of Other Junior Doctors)

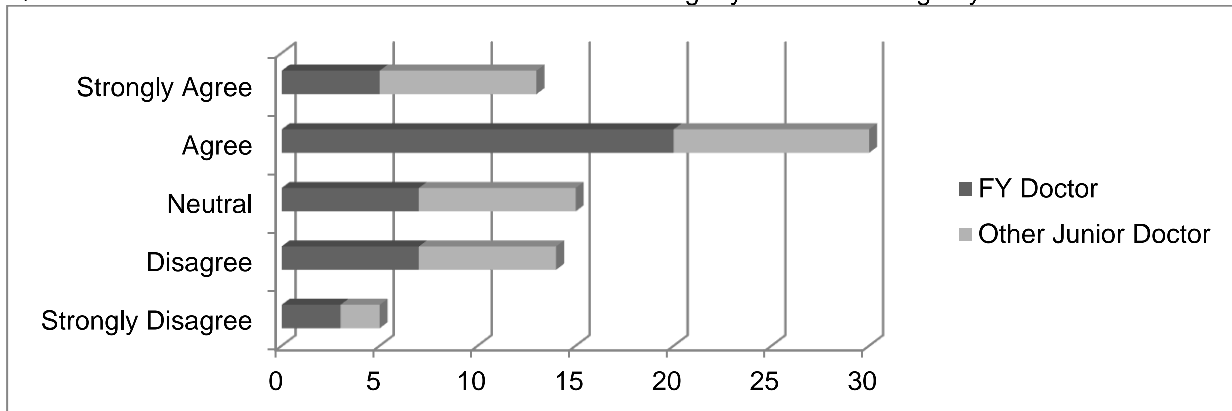
Question 1: My Timetabled Rota reflects my Actual Working Hours?



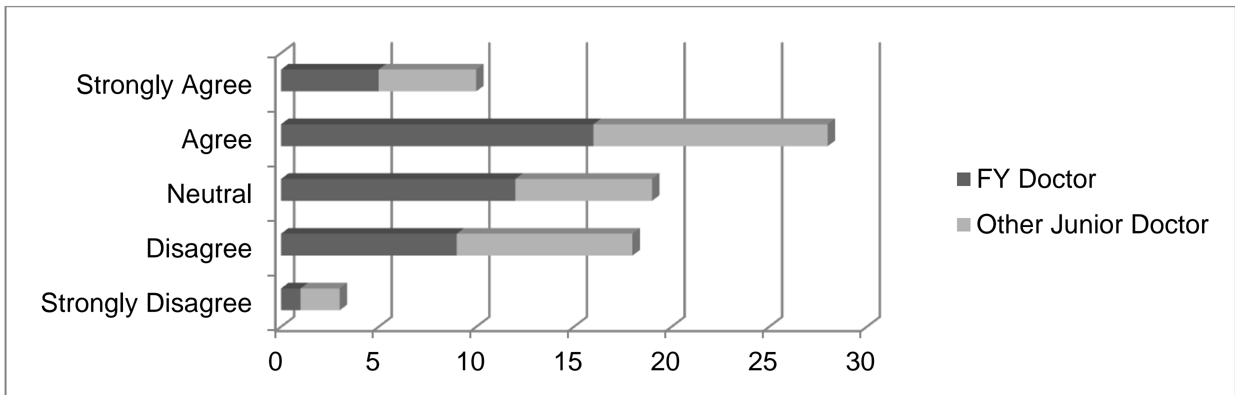
Question 2: How often do you Work Beyond your Timetabled Finish Time.



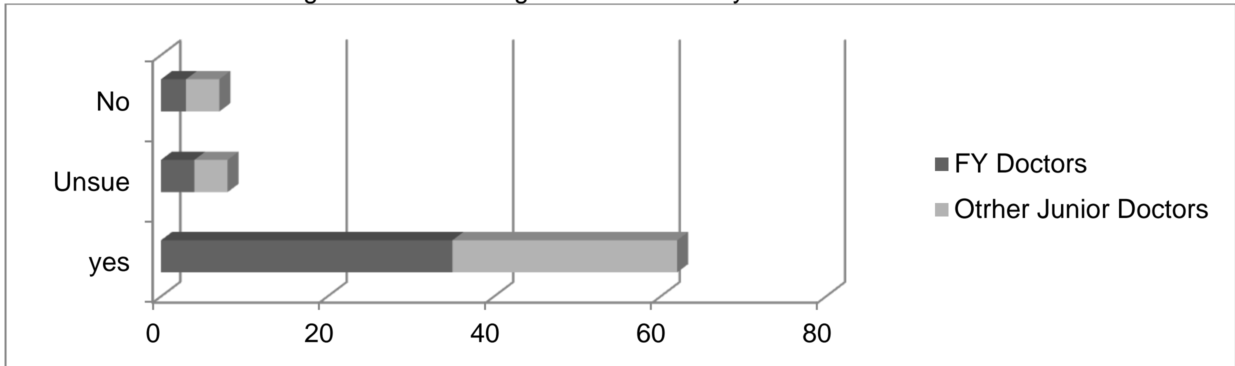
Question 3: I am satisfied with the breaks I can take during my normal working day



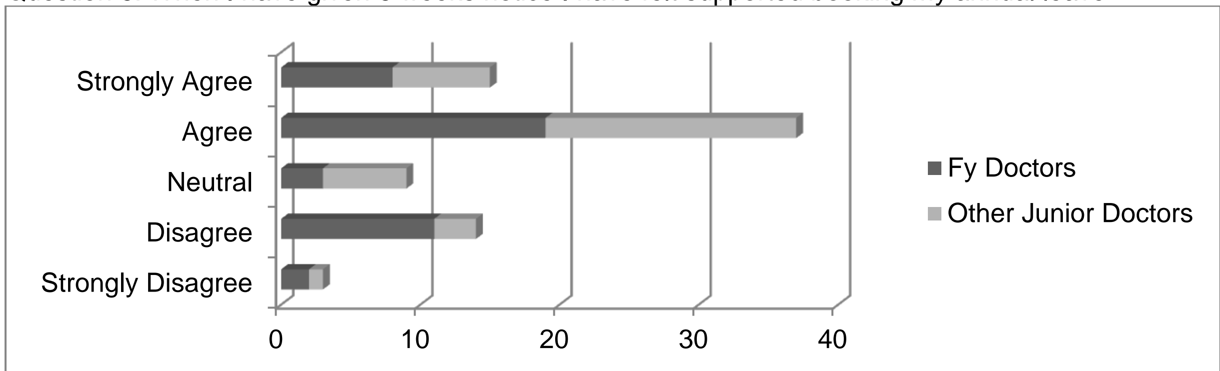
Question 4: I am satisfied with my current rota and working Hours



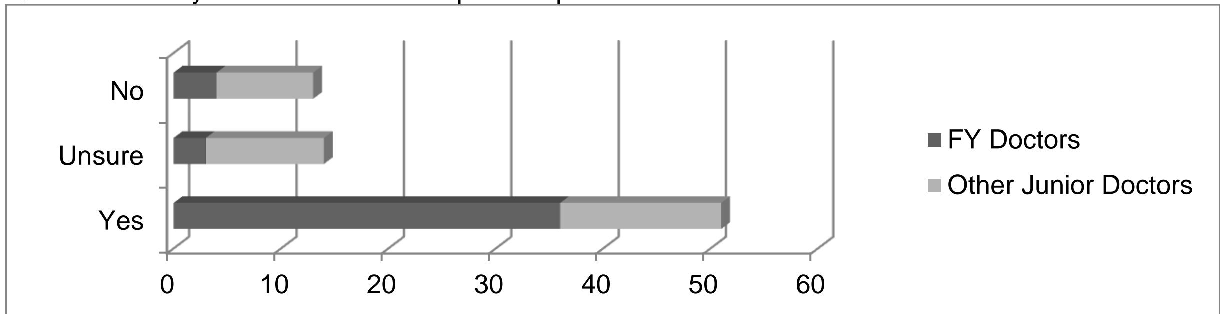
Question 5:Is there clear guidance for taking annual leave on your current rota?



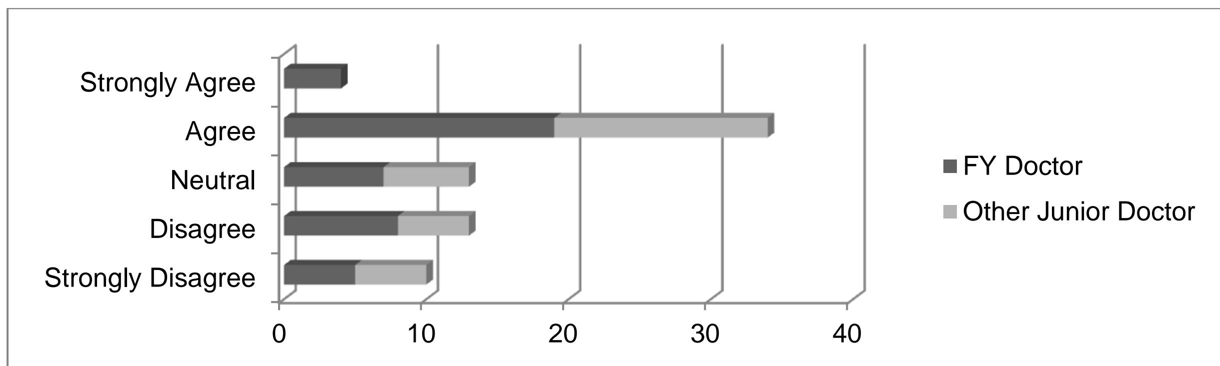
Question 6: When I have given 6 weeks notice I have felt supported booking my annual leave



Question 7: Do you know how to Exception Report ?



Question 8: If I had a reason to Exception Report I would feel comfortable to submit a report.



Of note 73% of doctors either agreed or were neutral that their working hours were accurately reflected in their rota and a similar percentage were satisfied with the breaks they were able to take and were satisfied with their rota and working hours. Despite this general level of satisfaction 50% of doctors did say they worked beyond their scheduled finish time either every day or at least once per week.

It is clear that a high proportion of foundation doctors 84% know how to exception report but for specialty training doctors that proportion is only 43%. In response to this I will be sending out up dated information to all junior doctors to improve awareness.

Issues with annual leave have frequently been raised as an area of concern but the majority in this survey had had a more positive response.

Despite asking in which area doctors were working in my wish to ensure this survey was anonymous I have failed to be able to link less favourable responses to specific areas. I am aware from other sources that there are certain areas of very good practice and areas of difficulty and this has failed to help highlight the poor performing areas.

It has however been a useful exercise and I will repeat it in the future. Next time I will sample by Division and /or Directorate to enable me to target the responses and make comparisons.

The hidden and unhappy minority within the survey is more clearly represented by some negative comments which I have included in full (with names redacted) in attachment A4.

The important issues raised by these comments are ones I am familiar with and again relate to the difficulties taking leave in the unscheduled care division and the intensity and workload for junior doctors in medicine.

Dr Chris Dunkley

Guardian of Safe Working

January 2018