St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Workforce and Education Committee		
Date:	27/09/2017	**Agenda No**	
Report Title:	Guardian of Safe Working Report		
Lead Director/ Manager:	Professor Andrew Rhodes		
Report Author:	Dr Sunil Dasan, Guardian of Safe Working		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	The Guardian of Safe Working's report summarises progress in providing assurance that doctors are safely rostered and work hours that are safe. This report covers the period from 18/07/2017 – 26/09/2017 164 episodes of trainees working outside of their work schedules have been reported with 2 episodes flagged as immediate safety concerns. Work schedule reviews have been requested for six doctors due to concerns over their working hours. No fines have been levied. In an anonymised survey with Foundation Year 1 trainees, 36% felt pressure not to exception report in their current post There is a lack of clarity around Trust compliance with schedule 14 (access to rest facilities) of the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training.		
Recommendation:	The Trust Board are asked to note the number and nature of exceptions reported by trainees and in particular consider actions to mitigate immediate safety concerns. The Board are asked to consider feedback from trainees particularly in the context of previous NHS National Staff Survey results for St George's The Board are asked to provide clarity on access to rest facilities for doctors in training working the overnight period		
Supports			
Trust Strategic Objective:	Ensure the Trust has an unwavering focus on all measures of quality and safety, and patient experience.		
CQC Theme:	Safe		
Single Oversight Framework Theme:	Quality of Care		
Implications			
Risk:	Patient transfers to Queen Mary's Hospital and Neurosurgery staff shortages flagged as immediate patient safety concerns Risks of fines being levied in General Surgery and Gastroenterology for breaches of the 48 hour average working week limit Potential impact on NHS National Staff Survey findings for St George's Lack of clarity on rest facilities for doctors in training		
Legal/Regulatory:	Compliance with the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016		
Resources:	Investment in rest facilities for doctors in training may be required		
Previously	None	**Date**	

Considered by:			
Equality Impact Assessment:	N/A		
Appendices:	Two (A and B)		

1.0 PURPOSE

1.1 This paper provides assurance to the Board on progress being made to ensure that doctors' working hours are safe

1.2 This report asks the board to review the immediate safety concerns which have been flagged in exception reports and consider actions arising from these

1.3 It also asks the board to consider the anonymised feedback from Foundation Year 1 doctors and provide clarity on access to rest facilities for doctors in training

2.0 BACKGROUND

2.1 The 2016 Terms and Conditions of Service (TCS) for Doctors in Training have been implemented at St George's in line with the national timeline. All trainees will have transferred to the new TCS by 4th October 2017

2.2 The Guardian of Safe Working's first report (covering the period from October – January 2017) detailed the 115 exception episodes where working hours or breaks were outside the agreed work schedules. This triggered one fine in General Surgery for a breach of the 72 hour working time limit and reviews of work schedules for trainees in four specialties

2.3 In the second report, 86 exceptions were reported. Reports from the last 10 weeks are presented in here

3.0 ANALYSIS

Exception reports

3.1 166 exceptions were reported in the period 18 July 2017 – 26 September 2017

3.2 The breakdown is as follows:

Division	Number of exceptions	Breakdown
Medicine and Cardiovascular	106	50 Gastroenterology 21 Acute Medicine 17 Senior Health 11 Oncology 4 Endocrine 3 Respiratory
Surgery, Theatres, Neurosciences and Cancer	56	43 General Surgery 9 ENT 2 Neurosurgery 2 Trauma & Orthopaedics
Community Services	4	4 Elderly Rehabilitation
Children and Women Diagnostics, Therapeutics and Critical Care	0	0

3.3 A further breakdown shows:

- 161 exceptions related to working hours
  - 142 of these were where trainees worked in excess of their hours and
  - 19 exceptions where trainees had missed breaks
- Five related to missed training opportunities due to service pressures

Immediate safety concerns

3.4 Two exception reports detailed immediate safety concerns

I felt there were significant safety concerns raised by this on-call shift (Mary-Seacole Ward) in particular; I was on call during the day (to cover as usual CMTs were at training day) and around 16:00 a number of referrals took place from SGH alongside an acute transfer back to SGH. In total, 9 patients were accepted for transfer that evening despite concerns that this was taking place after normal working hours. Despite speaking with the site nurse practitioner and informing the need that these patients must have drug charts, TTO/ medication and documentation that these patients from a doctor (senior if possible) were medically fit and safe for transfer without the need for medical review until the next day- this did not occur. These instructions were also re-iterated to each referrer and explained no doctors at night and one SHO on in the evening. During this shift there were a number of unwell patients who needed clinical review, additionally time was used to aid the triage process from SGH, then the first patients began to arrive after 17:45 and continued long after 20:00. Both myself and the nursing staff felt this was unsafe (DATIX have been filled by themselves), additionally this is not in the best interest of patients, particularly those that have acute confusion/delirium to be transferred at these hours. The first patient arrived with no medication or a TTO summary, a short discharge summary with lack of information of recent active issues, or current infection alongside a rising CRP of nearing 200 with a marked CKD (creat: around 400). For this patient, I had to read through their notes to ensure safety, and review. Additionally, given the lack of medication an on call service was used to ensure the medication was taxied over and resulted in a delay of administration. Another example was another patient admitted without a drug chart and again no documentation or medical notes to say they were fit without review. These were all issues resulting in being unable to leave on time and were unavoidable to ensure safety of patients. My main concern is not having to work overtime, but the safety of these patients. I think that this is a recurrent theme at this hospital with respect to late transfers +- inappropriate transfer/information/medication. Please note this was discussed with [consultant] following the event.

Following the incident, the Consultant has documented that they understood that no patients came to harm but that this was likely to be an ongoing issue and had been an intermittent historical issue

The on-call is from 0800 to 21:00 (13 hours) Monday to Friday. The rota further states that there will be two on-call SHOs and there will be adequate number of doctors during the day. In reality on that day I left work two hours late. I agreed to stay one hour extra until 22:00 because there was no night SHO cover and the SpR would come at 22:00 to take over. However, there were two unwell patients (one went to Neuro ITU) and there were many jobs not completed. I did not feel safe to leave and go to hand over. There was only one SHO on-call, which is a variation from the work schedule. There were two SHOs on the neurosurgery wards during the day and two PAs. On that day I missed my rest break.

Following this incident the consultant met with the trainee and confirmed that there were no concerns that fatigue was affecting the trainees ability to practice. The consultant also reiterated that the consultants could be contacted if there were concerns. They also stated that there was a national and trust-wide shortage of staff and that the team were interviewing again for SHOs and Physician Assistants on 15/09/2017

3.5 The board is asked to note that a Freedom of Information request has been received asking for numbers and details of exception reports raising Immediate Safety Concerns.

Work schedule reviews

3.5 Due to repeated instances of trainees working over their hours or missing breaks, work schedule reviews have been requested for four trainees in Gastroenterology, one in General Surgery and one in ENT. The work schedule review in ENT concluded with a new rota in place from 28 August 2017.

In Gastroenterology, a meeting was held with trainees on 24 August 2017. A number of staffing and resource concerns were highlighted and a 10 point action plan was drafted. A further meeting on 27 September 2017 highlighted that the rate of overtime worked had reduced slightly (6.75 hours per week versus 7.58 previously). This most likely reflected the reduced number of ward outliers over recent weeks. It was acknowledged that the number of outliers had a significant impact on workload, stretched the medical team considerably and was the most important contributory factor to exception reporting.

A number of actions had taken place very recently (closure of 2 beds, installation of a second telephone line in the doctors' office, ensuring all computers in the doctors' office operational) however it was too early to judge their impact. The consultants had agreed to review all the additional hours worked and consider whether time in lieu could be given. If this was not possible, there remained a significant risk of a fine being levied against the department for a breach of the 48 hour average working week limit.

Since losing 3 FY1s in Upper and Lower GI surgery, exception reports have highlighted significant concerns regarding the hours being worked by the remaining doctors. A work schedule review has been triggered for one Foundation year 1 doctor. The department have been asked to urgently consider the provision of 35 hours of time off in lieu. If this is not granted and taken by 3rd October 2017, a fine will be levied against the department for a breach of the 48 hour working time limit. The situation may improve in October as the department have new physician assistants starting this month.

Exception reports in Oncology and Palliative care have not triggered a work schedule review however they have allowed the department to review their working practices. They have established new ground rules to ensure daily 4pm reviews of workload to enable prioritisation and delegation of work.

The rota for Urology ST3+ trainees is causing concern as it is unclear whether the latest version of the rota is compliant with the 2016 TCS. New trainees are starting on 4 October 2017. The situation will continue to be monitored.

Rota gaps

3.6 Rota gap information is shown in Appendix A. This lists vacant trainee, clinical fellow and trust doctor posts across St George's. This does not include vacant physician assistant or other advanced practitioner posts. This data shows that there are 60 vacancies across St George's

Junior Doctor Forum and trainee feedback

3.7 The Junior Doctor Forum has a new Chair, Deputy Chair and a Less Than Full Time trainee representative. At the last meeting, they received feedback from an anonymised survey of Foundation year 1 trainees. 36% of Foundation Year 1 doctors stated that they felt under pressure not to exception report. In the 2016 NHS National staff survey results, St George's compared least favourably with other combined acute and community trusts in England in the following five areas:

- Organisation and management interest in and action on health and wellbeing
- Staff satisfaction with resourcing and support

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Support from immediate managers
- Effective team working

The results from Foundation Year 1 trainees may signal a continuation of this trend

Access to rest facilities

3.8 Schedule 12 of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016 details the facilities that should be made available to doctors who work during the overnight period. Paragraph 9 states the following:

"Where a doctor advises the employer that the doctor feels unable to travel home following a night shift or a long, late shift due to tiredness, the employer shall where possible provide an appropriate rest facility where the doctor can sleep. The hours when the doctor is resting in the hospital under these circumstances will not count as work or working time. Where the provision of an appropriate rest facility is not possible, the employer must make sure that alternative arrangements are in place for the doctor's safe travel home.

At present it is unclear whether such rest facilities exist, though there is evidence that individual departments are making efforts to address this issue (Paediatrics, Anaesthetics, Emergency Medicine). If facilities do not exist, it is unclear whether alternative arrangements are in place. Clarification of this would assure compliance with the 2016 TCS.

4.0 IMPLICATIONS

Risks

4.1 Two immediate safety concerns have been raised through the exception reporting process. They have highlighted patient transfers to Queen Mary's Hospital and Neurosurgery staff shortages. Further immediate safety concerns may arise if these are not addressed

4.2 There are risks of fines being levied in General Surgery and Gastroenterology for breaches of the 48 hour average working week limit.

4.3 Over a third of Foundation year 1 doctors felt pressure not to exception report. This may signal issues with leadership and engagement across the medical workforce. This risks improvements in NHS National Staff Survey scores

4.3 Lack of clarity on the access to rest facilities for doctors working the overnight period risks potential lack of compliance with Schedule 12 of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016

Legal Regulatory

4.3 Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

Resources

4.4 Investment in rest facilities or alternative arrangements for doctors in training who work the overnight period may be required

5.0 NEXT STEPS

5.1 To monitor the situation in Gastroenterology and determine whether a fine is levied

5.2 To monitor the situation in General Surgery and determine whether a fine is levied

5.3 A further survey of trainees regarding exception reporting to be carried out

5.4 Monitor rota compliance among Urology ST3+ trainees

6.0 RECOMMENDATION

6.1 The Trust Board are asked to note the number and nature of exceptions reported by trainees and in particular consider actions to mitigate immediate safety concerns regarding patient transfers to Queen Mary's Hospital and staff shortages in Neurosurgery.

6.2 The Board are asked to consider feedback from trainees particularly in the context of previous NHS National Staff Survey results for St George's.

6.3 The Board are asked to provide clarity on access to rest facilities for doctors in training working the overnight period.

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