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| Meeting Title: | Medical Workforce Committee | | |
| Date: | 11/07/2018 | Agenda No | |
| Report Title: | Guardian of Safe Working Quarter 1 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: | <p>The Guardian of Safe Working's Quarter 1 Report summarises progress in providing assurance that doctors are safely rostered and work hours that are safe. This report covers the period from 01/04/2018 – 30/06/2018</p> <p>35 episodes of trainees working outside of their work schedules have been reported during Quarter 1. This represents an 82% reduction in exception reporting compared to the previous quarter.</p> <p>The reasons for this significant reduction in exception reporting are unknown. This may be due to an easing of 'winter pressures'. However this data needs to be reviewed in light of information regarding rota gaps and previously reported pressures on trainees not to exception report.</p> | | |
| Recommendation: | The Medical Workforce Committee are asked to note the significant reduction in exception reporting this quarter and triangulate this information with other workforce intelligence to give an accurate picture of the areas of pressure within the medical workforce at St George's | | |
| 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: | Lack of information on rota gaps risks poor oversight of areas of staff shortages within the medical workforce | | |
| Legal/Regulatory: | Compliance with the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016 | | |
| Resources: | An electronic system for rota management is required | | |
| Previously Considered by: | None | Date | 04/07/2018 |
| Equality Impact Assessment: | N/A | | |
| Appendices: | One | | |

1.0 PURPOSE

- 1.1 This paper provides assurance to the Board via the Medical Workforce Committee (MWC) and Workforce Education Committee (WEC) on progress being made to ensure that doctors' working hours are safe
- 1.2 This report asks the MWC to note the significant reduction in the numbers of exceptions reported. This needs to be investigated further and triangulated with other workforce data to ensure that this reflects an actual improvement in rotas or whether this represents a poor reporting culture due to pressure not to exception report.

2.0 BACKGROUND

- 2.1 203 episodes of trainees working outside of their work schedules were reported January-March 2018. Fines totalling £6437.46 were levied and several work schedule reviews concluded though there were significant concerns expressed regarding ongoing issues in ENT and General Surgery.

3.0 ANALYSIS

Fines

- 3.1 No fines were levied from 1 April 2018 – 30 June 2018

Exception reports

- 3.2 35 exceptions were reported in the period 1 April 2018 – 30 June 2018
- 3.3 The breakdown is as follows:

| Division | Number of exceptions | Breakdown |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------|
| Medicine and Cardiovascular | 16 | 8 Gastroenterology 4 Acute Medicine 2 Haematology 1 Senior Health 1 Endocrinology |
| Children's, Women's, Diagnostics and Therapeutics | 10 | 6 Obstetrics & Gynaecology 3 Paediatric Medicine 1 Neonatology |
| Surgery, Theatres, Neurosciences and Cancer | 9 | 5 General Surgery 3 ENT 1 Plastic Surgery |

- 3.4 A further breakdown shows:
 - All 35 exceptions related to working hours /conditions
 - 29 of these were where trainees had worked in excess of their hours
 - 5 exceptions where there was difference in the support available (where the number of staff on duty was less than it should have been)
 - 1 exception where a trainee had missed their break

- No exceptions were related to missed training opportunities

Immediate safety concerns

3.5 Two exceptions were highlighted as immediate safety concerns

One related to the absence of a more junior trainee (SHO) to support a more senior trainee (Registrar) during a weekend on-call duty in ENT. The immediate safety concern stated:

“Absence of SHO from the rota - predictable gap - not filled. Therefore I was required to work on-site 8am-8pm holding first on call bleep and covering duties of both the SHO and SpR. I was supported by the on call consultant but missed 2 opportunities for emergency operating due to the demands of the SHO duties (ie: covering referrals from Surgical Admissions Unit and A&E). 12 hour on-site shift followed by 12 hour non-resident oncall, before continuing with further 24hr shift (still to come). Supported by Consultant for ward round and reviews. Surgical Admissions Unit and ward informed of lack of SHO to minimise non-acute bleeps. Overnight team asked to minimise non-acute calls but that senior cover remains in place whenever needed”

This situation had occurred despite the efforts by managers over the previous 3 weeks to arrange cover for this shift.

The second immediate safety concern occurred within the Senior Health service. This stated:

“Stayed back extra hours to ensure all patients reviewed on the ward. Day was understaffed and multiple very sick patients. Unable to have lunch break until 4pm. Reported to covering consultant. Distributed and prioritised work load. Enlisted help from colleague on neighbouring ward to help with a few jobs”

The duty consultant confirmed that no patient came to harm and that the main risk for the doctor had been fatigue due to having to work through their lunch break due to understaffing. Time off in lieu was offered to the doctor and accepted

Work schedule reviews

3.6 No work schedule reviews took place from 1 April 2018 – 30 June 2018

Rota gaps

3.7 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 53 vacancies across St George's, a decrease from the 69 reported in March 2018.

Lead employer for General Practice training

3.8 St George's is the Lead Employer for General Practice training across South London. No exceptions were reported by GP trainees working in Practice during Quarter 1.

Junior Doctor Forum

3.9 The Junior Doctor Forum (JDF) continues to meet monthly. To date it has not spent the £9,322.49 accrued to date in fine monies. Consideration has been given to using this money to refurbish the Doctors' Mess plus to purchase a managed teleconferencing solution to widen participation in the JDF. However, this is subject to further discussion.

4.0 IMPLICATIONS

Risks

4.1 Risk that significant reduction in exception reporting reflects a poor reporting culture due to pressure not to exception report rather than an actual improvement in rotas

Legal Regulatory

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

Resources

4.3 To ensure robust information on unfilled shifts and vacant posts within the medical workforce, an electronic rota management system will be required

5.0 NEXT STEPS

5.1 To survey of trainees, supervisors and managers on their views of exception reporting

6.0 RECOMMENDATION

6.1 The Trust Board are again asked, through the MWC and WEC, to consider the implementation of an electronic rota management system for all rosters which involve doctors in training

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Date: 04/07/2018