

Meeting Title:	Medical Workforce Committee		
Date:	23/10/2018	Agenda No	
Report Title:	Guardian of Safe Working Quarter 2 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 2 Report summarises progress in providing assurance that doctors are safely rostered and work hours that are safe. This report covers the period from 01/07/2018 – 30/09/2018</p> <p>202 episodes of trainees working outside of their work schedules have been reported during Quarter 2. This represents a significant rise from the previous quarter.</p> <p>Exception reports have highlighted key rota issues in Medical Microbiology /Infectious Diseases, Cardiac Surgery, General Surgery, Acute Medicine and Emergency Medicine. All 12 immediate safety concerns have been addressed. Although no formal work schedule reviews have been requested, the rota issues identified have either been resolved or are in process of being resolved.</p> <p>Guardian fines totalling £48,294.14 have been levied.</p>		
Recommendation:	The Medical Workforce Committee are asked to note the key signals from the exception reporting system as a means of identifying critical rota issues so that these can be dealt with proactively		
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 to further triangulate the data from the exception reporting system		
Previously Considered by:	None	Date	23/10/2018
Equality Impact Assessment:	N/A		
Appendices:	None		

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 key areas of concern flagged through the exception reporting process. Whilst these issues have been addressed or are in the process of being addressed, the MWC are asked to use key signals from this data to proactively investigate and address rota concerns early.

2.0 BACKGROUND

- 2.1 35 episodes of trainees working outside of their work schedules were reported between April and June 2018. This represented an 82% reduction in the number of exceptions reported compared to the previous quarter. No fines or work schedule reviews had taken place during this quarter.

3.0 ANALYSIS

Exception reports

- 3.1 202 exceptions were reported in the period 1 July 2018 – 30 September 2018
- 3.2 The breakdown is as follows (figures in red brackets denote exception reports flagged as immediate safety concerns):

Division	Number of exceptions	Breakdown
Medicine Cardiovascular	140	79 Medical Microbiology /Infectious Diseases 19 (7) Cardiac Surgery 9 Acute Medicine 8 (1) Endocrinology 7 Gastroenterology 6 Senior Health 4 (1) Emergency Medicine 3 Respiratory 2 Cardiology 2 Vascular Surgery 1 Haematology
Surgery, Neurosciences, Cancer and Theatres	49	36 (2) General Surgery 10 (1) Urology 3 ENT
Children's, Women's, Diagnostics, Therapies, Outpatients, Critical Care, Community	13	5 Neonatology 3 Obstetrics & Gynaecology 3 Elderly rehabilitation 2 Paediatric Medicine

Immediate safety concerns

3.3 Of the 202 exceptions received, 12 were flagged as immediate safety concerns. Details of these immediate safety concerns are given in the specialty summaries below.

Work schedule reviews

3.4 No formal work schedule reviews took place from 1 July 2018 – 30 September 2018. However details of any changes to work schedules which took place in order to resolve issues which had been highlighted are given in the specialty summaries below.

Fines

3.5 Details of fines are given in the specialty summaries below.

Specialty Summaries

3.6 *Medical Microbiology /Infectious Diseases*

79 exceptions were reported in July 2018 relating to additional hours worked by four trainees in medical microbiology from August 2017. On review, it was identified that these trainees had received a work schedule which specified average weekly hours of work of 44.75 hours but showed a timetable with hours in excess of this (an hours calculation error had occurred).

This error was identified in June 2018 and a new compliant rota was implemented immediately. However, between August 2017 and June 2018, 29 breaches of the 48 hour average working time regulation limit had already occurred. Therefore, fines totalling £44,088.45 were levied for breaches of safe working limits by 13 trainees on this rota.

No further hours breaches have occurred since implementation of the new rota.

3.7 *Cardiac Surgery*

19 exceptions relating to working patterns were reported by trainees in Cardiac Surgery. A total of three were flagged as immediate safety concerns. The first two contained the narrative below:

This is an exception report for the period running from October 2017 - August 2018. As a group of cardiothoracic trainees we have been working a non-compliant rota for the last 11 months. We have on average been working an additional 13 hours extra per week (equivalent to more than an extra long day shift every week) for the last 11 months.

We have raised this issue with the management with little success in recruiting further registrars and have consistently had to cover more than we are meant to. We have not been re-imbursed for this financially or with time off in lieu and it is a serious concern for patient safety. The work schedule that was given to us when we signed the contract is no way a reflection of the working pattern that we have undertaken. There are some weeks where we routinely do more than 80 hours - which is illegal.

We will monitor our hours for the next month to give you an official account of the hours that we do. We also have records of our activity and how many hours each of us have been doing since October 2017.

The third gave the following detail:

This is to notify the difference in hours and number of hours worked over the last week.

Sunday 2nd September - 24 hour on call resident shift until Monday morning. This is non-compliant and not safe.

Monday 3rd September - I was even asked to help out in a clinic on Monday morning after my 24 hour on call due to a lack of registrars - I would usually do this but I refused on this occasion.

Tuesday 4th September - I started at 7.30am, and was helping a consultant in theatre for one case. This case finished at 4.30pm. Usually he would start the second case at 4.30 which will go on until around 8/9pm. Due to the current scrutiny in the department, the number of cases we are getting has been greatly diminished and this is not a true reflection of when theatre has been finishing for the last year. I left at 6pm.

Wednesday 5th September. Started at 07.30am, finished at 6.30pm

Thursday 6th September - 07.30am, finished at 5.30pm.

Friday 7th September - Started at 07.30 am and finished at 8.00pm - was due to finish earlier but theatre was overrunning so had to hold the bleep until theatres finished. Total number of hours worked this week: 68 hours

The exception reports detailed three instances where, due to service needs, the rest period had been reduced from eight hours to zero hours due to the trainee having to remain on site for the entire 24 hour period. Schedule 3 Paragraph 20 of the 2016 TCS state that in these circumstances the doctor will be paid for the additional hours worked that resulted in the shortening of the rest period, at a penalty rate. Hence the Guardian levied fines totalling £2,238.57 for these breaches of rest requirements.

On 11 September 2018, cardiac surgery trainees were moved from St George's to alternative placements.

3.8 General Surgery

36 exceptions were reported relating to ward cover surgical on-call duties. Two immediate safety concerns were flagged. The details of these are shown below:

On 8th August, I stayed till 7.30pm to finish the day jobs, and until 7.45pm on 9th. I was not able to take breaks during either of these shifts.

I have completed this exception report to highlight the lack of breaks and the volume of day jobs on my standard days. I would be staying much later if it were not for the physicians assistants from the colorectal team helping me out with admin, even though this is not their jobs. I have flagged today as an immediate safety concern because having worked overtime every night this week I am now exhausted and am finding it hard to concentrate. This is not helped by the stress of trying to complete all the day jobs without any other FY1s, SHOs or PAs, which is preventing me from sleeping properly.

Immediate steps were taken by the trainee's supervisor to make the trainee bleep free for the remainder of the day to reduce work pressure. A plan was made to review the situation the following week with the possibility of continuing the bleep free arrangement.

Since the submission of this Immediate Safety Concern, it was reported by trainees at the September Junior Doctor Forum that there has been a concerted effort to ensure the welfare of the trainee concerned and further staff had been recruited to assist the team.

3.9 Urology

Due to issues related to the staffing of the General Surgery SHO on-call position over the weekend, this has resulted in impacts on other services which this role supports, namely the Urology on call service at the weekend. 10 exceptions were reported in Urology of which one was flagged as an immediate safety concern

No Night SHO, therefore worked 0800-1700h elective day work, then 1700-0800h Resident on-call onsite (this should be 2000-0800h non-resident), then 0800-1700h Day Surgery elective work.

Not informed by general surgery managers, found out through word of mouth. No SHO found through agencies. Required to do a resident on-call shift for patient safety and to be able to work the next day.

Due to the fact that the resident hours resulted in the a reduction of the rest requirement from eight hours to zero on two occasions, the Guardian levied a fine totalling £1,877.12, to be paid by the Surgical Directorate.

3.10 Acute Medicine

Nine exceptions related to the acute medicine rota. Six related to a discrepancy between the Foundation year 1 doctors actual rota and their work schedules when working post take at the weekend. This has been resolved with back pay being paid to the trainees in question.

3.11 Endocrinology

An immediate safety concern was raised due a Foundation year 1 trainee working on the ward without SHO cover. This was dealt with by the educational supervisor within 24 hours of the concern being raised. It was confirmed that no patients or staff were at risk. Issues were identified in the placement of SHOs and their on-call duties. These were resolved by the end of the week in question.

3.12 Emergency Medicine

The following immediate safety concern was raised on 1 July 2018:

Very busy department. Around 9 doctors down during the day. Starting shift with 8 hour wait in Majors. Serious consideration voiced by Consultant in Charge at morning handover whether to declare Major Incident status due to demand in A&E far outstripping resources. Busy throughout the day - increasingly challenging to manage patients safely and with adequate supervision and support from Consultant in Charge.

This had coincided with the implementation of the Pan London Break Glass Ceiling rates for locum doctors. The impact of these rates was considered immediately by the Trust Executive Committee and a decision was made within days to amend the rates for A&E medical staff.

Junior Doctor Forum

3.13 The Junior Doctor Forum (JDF) continues to meet monthly. It has not spent the £9,322.49 accrued to date in fine monies. Fines for this quarter have increased this figure to £35,267.96.

Rota gaps

3.14 Rota gap information has been considered previously by the Medical Workforce Committee and discussions are still ongoing regarding the accuracy of the data. No rota gap information is presented in this report.

4.0 IMPLICATIONS

Risks

4.1 There is a risk that the current data on unfilled shifts and vacant posts means that there is a lack of clear oversight of gaps 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 allocate the £35,267.96 raised through fines for the benefit of the education, training and working environment of trainees during Quarter 3.

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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