

Guardian of Safe Working
(2nd Quarter 2017 (July – September) including October

Trust Board	Item: 17
Date: 29th November 2017	Enclosure: M
Purpose of the Report: To present the second quarterly report of the Guardian of Safe working to the Board at Kingston Hospital Foundation Trust following the introduction of the 2016 terms and conditions of service (TCS) for doctors and dentists in training.	
For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	Relates to 2016 terms and conditions of service (TCS) for doctors and dentists in training
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	Corporate objective 4
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Recommendations: The Board is asked to note this report and consider the assurances provided that the Guardian is comfortable with the overall safety of working hours in the organization.	

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

1. Introduction

This is the second quarterly report of the Guardian of Safe working to the Board at Kingston Hospital Foundation Trust following the introduction of the 2016 terms and conditions of service (TCS) for doctors and dentists in training. This contract sets out to ensure that doctors in training are working in ways that are safe and fair whilst accessing their training programme to the full. The role of the guardian is referenced in the 2016 terms and conditions of service as the following:

- To ensure the confidence of doctors that their concerns will be addressed
- Require improvements in working hours and rotas for doctors In training
- Provide boards with assurance that junior medical staff are safe and able to work, identifying risk and advising boards on the required response
- Ensure that the fair distribution of financial penalty income, to the benefit of doctors in training.

The Board will receive quarterly reports to give assurance that doctors are safely rostered and their hours are compliant with the TCS. The Board will receive an annual report, which will provide an aggregate of data compiled throughout the year and a specific focus on rota gaps.

2. Executive summary

This report from the Guardian of safe working covers the time period from 1st July 2017 to end October 2017.

Exception reporting has increased greatly since the new doctors commenced at the trust in August 2017. The majority of doctors in training at Kingston transitioned to the 2016 T&CS in August 2017 with the remaining few doing so in October 2017. 100% of junior doctors in training at Kingston are now on this contract and as such are able to exception report.

The data from exception reporting should therefore be better able to reflect the safe working of junior doctors now that all doctors in training can report.

Exception reporting rates are low from senior grades. Furthermore, trust grade doctors, who share some of the rotas with trainee doctors, are unable to exception report. This leads the Guardian to have some concerns that the strength of this evidence may be somewhat diluted. This is a national issue and has been raised as a concern by Guardians of safe working at both regional and national meetings.

As a result of meetings with trainees and consultants the Guardian is of the view that this report probably represents an under reporting of unsafe working practices across the trust.

Utilizing the information from exception reporting that is available, the Guardian finds that in general, junior doctors in training are working safely in terms of their working hours and pattern at present. Deficiencies in the national electronic reporting systems still exist, and little progress has been made in improving this over the last quarter. The data that has been collected from exception reporting has highlighted heavy workloads in some specialties across the hospital and a greater volume of exception reporting as a result. Strategies to improve pressures of workload and reduce exception reporting have been implemented in these areas with further strategies planned.

3. High level data

Number of doctors / dentists in training (total):	202
Number of doctors / dentists in training on 2016 TCS (total):	Increased from 63 at the beginning of this quarter to 202 by October 2017
Amount of time available in job plan for guardian to do the role:	1 PA per week
Admin support provided to the guardian (if any):	No consistent support during this quarter
Amount of job-planned time for educational supervisors:	0.25 PA per trainee

3.1. Exception reports (with regard to working hours)

Exception reports by department: July 2017 – October 2017						
Specialty	Rota	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding	No. of hours
Accident and emergency	FY1	0	4	4	0	8.00
Accident and emergency	F2/ACCS/GPST	0	1	1	0	1.00
General Medicine	FY1	0	136	128	8	165.20
General Medicine	CMT/GPST/F2	0	19	12	7	
General Surgery	FY1	0	35	25	10	52.25
General Surgery	F2/CT1-2	0	2	2	0	2.00
Geriatric Medicine	General Medicine FY1 Rota	4	0	4	0	4.00
Geriatric Medicine (Orthogeriatrics)	T&O FY1 Rota	4	0	4	0	4.00
Obs and Gynaecology	ST3+ LTFT	2	1	2	1	1.00
Ophthalmology	ST1-2/F2	0	3	3	0	1.00
Paediatrics	NNU F2/ST1	1	7	8	0	7.00
Paediatrics	PAEDS PAU FY2 / StR1	1	4	4	1	5.50
Paediatrics	ST3+	0	2	2	0	2.50
Traumatic and Orthopaedic Surgery	FY1	0	17	17	0	32.5
Upper Gastro Surgery	General Surgery FY1	1	0	1	0	1
Total		13	231	216	27	286.95

3.1.1.

Exception reports by grade – July 2017 – October 2017				
Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	9	192	182	18
F2	2	36	30	8
CT1-2 / ST1-2	0	0	0	0
ST3-8	2	3	4	1
Total	13	231	216	27

3.1.2.

Exception reports by Rota – July 2017 – October 2017				
Rota	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
A&E – FY1		4	4	
A&E - F2/ACCS/GPST		1	1	
General Medicine – FY1	4	136	132	8
General Medicine - CMT/GPST/F2		19	13	6
General Surgery – FY1	1	35	26	10
General Surgery – F2/CT1-2		2	2	
O&G ST3+ inc LTFT	2	1	2	1
Ophthalmology ST1-2/F2		3	3	
PAEDS NNU F2/ST1	1	7	8	
PAEDS PAU FY2 / StR1	1	4	4	1
PAEDS ST3+		2	2	
T&O FY1	4	17	21	
Total	13	231	218	26

3.1.3.

Exception reports (response time) – July 2017 – October 2017				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	20	22	132	18
F2	12	3	13	8
CT1-2 / ST1-2	0	0	0	0
ST3-8	0	0	2	1
Total	32	25	147	27

3.1.4.

Exceptions Closed (Cost of payment/ TOIL & Loss of training time) – July 2017 – October 2017					
Specialty	No. Closed exceptions	Cost of agreed payment (£)	Cost of payment if agreed TOIL not taken (£)	Total Cost (£)	Possible loss of Training time if TOIL taken (Hours)
Accident and emergency	5	£152	£17	£169	0
General Medicine	140	£1,163	£825	£1,988	56.8
General Surgery	27	£345	£253	£598	17.5
Geriatric Medicine	8	£58	£116	£174	0
Obs and Gynaecology	2	£25	£0	£25	0
Ophthalmology	3	£0	£0	£0	0
Paediatrics	14	£17	£212	£229	7.0
Traumatic and Orthopaedic Surgery	17	£36	£92	£128	6.3
Upper Gastro Surgery	1	£14	£0	£14	0
Total	216	£1,810	£1,515	£3,325	92.1

3.1.5.

Exceptions Open (Possible cost of payment/ TOIL & Loss of training time) – July 2017 – October 2017				
Specialty	No. Open exceptions	Possible cost of agreed payment (£)	Total Cost (£)	Possible loss of Training time if TOIL agreed (Hours)
Accident and emergency				
General Medicine	15	£358		23.00
General Surgery	10	£192		13.25
Geriatric Medicine				
Obs and Gynaecology	1	£25		2.00
Ophthalmology				
Paediatrics	1	£33		2.00
Traumatic and Orthopaedic Surgery				
Upper Gastro Surgery				
Total	27	£608		40.25

3.2. **Work schedule reviews:** The number of work schedules reviewed as a result of exception reporting.

Work schedule reviews by grade - July 2017 – October 2017	
F1	2
F2	0
CT1-2 / ST1-2	0
ST3+	0

Work schedule reviews by department - March 2017 – June 2017	
All departments	0

3.3. **Fines:** The number of fines levied as a result of exception reporting

Fines by department		
Department	Number of fines levied	Value of fines levied
All departments	0	0
Total	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
0	0	0	0

4. Qualitative information

4.1. F1 reporting rates.

Exception reporting increased significantly from August 2017 with the majority of exceptions being reported by F1 doctors for hours and rest. Furthermore, the vast majority of exceptions arose from medical specialties on the F1 rota. The Guardian can assure the board that the current F1 rotas are compliant with the 2016 T&CS but the volume of work is very high in the medical specialties. More detailed analysis shows that the majority of exceptions reported were in August and September. Of the 231 exceptions reported in this quarter, only 9 were in July.

This coincided with the new F1 doctors starting in the trust.

The Guardian provided an update for the Chief executive's report at the last board meeting in September giving detail of this increase in exception reporting outlining a suggested reason that this had happened. "The FY1 doctors will necessarily be slower to complete tasks in August but there should be a slowing off of reporting in future months if this is the main reason for reporting." It is the Guardian's impression that this has been born out to some extent as there has been a notable tailing off of exception reporting in October.

4.2. Volume of exception reporting from medical service lines

It is still the case that the burden of exception reporting in this quarter has been from the FY1 medical rota. 59% of all exceptions come from this rota.

4.3. Engagement with the exception reporting process from junior doctors

38 doctors have submitted exception reports in this quarter, which represents only 19.5% of all doctors. The Guardian feels that this is lower than might be expected given that all doctors are now on the new contract and further feedback from the junior doctor's forum (JD Forum) also suggests there is under-reporting of exceptions.

The Guardian has also received data from an anonymous survey taken at the F1 GMC teaching session, which supports the view that there is under-reporting at Kingston, but the board should note that this has been a concern at regional and national level too.

The data from the survey suggested that 57% of FY1 doctors had submitted an exception. 61% of those surveyed had a good or very good knowledge of the process, but barriers do exist to reporting.

It is concerning to the Guardian that junior doctors should feedback that they perceive barriers to reporting, but the response percentages were similar to other trusts. It would seem that this is a more widespread problem than Kingston, but never the less one to focus on going forward. The Guardian would also like to do some more analysis of the more senior grades to ascertain why such low reporting rates exist amongst the higher grades.

It was pleasing to note that all the trainees surveyed were aware of the role of the Guardian of safe working and who the Guardian was in the trust. The Guardian will continue to introduce herself at all inductions and give an overview of the exception reporting process at Kingston to all new doctors.

4.4. Engagement with the Educational supervisors

In the first board report the Guardian highlighted concerns about the time taken to action exception reports. At the Guardian update in September, It was outlined that 90 reports had not been closed and that of these 67 were overdue. The guardian is pleased to report to the board that this has improved dramatically in the last month of this quarter and only 27 out of the 231 reports (11%) remain open which compares favourably to the 43 % that remained open in the March to June data.

The educational supervisors have been encouraged to seek advice if they need to do so and many have. A series of lunchtime training sessions have been undertaken with educational supervisors over the summer months. The Guardian also personally contacts educational supervisors to remind them of the need to act in a timely manner and ensure that doctors receive payment or rest where due, and It is pleasing to see a dramatic improvement in the percentage of exceptions that remain open at the end of this quarter. The process of introducing the new contract has had many challenges, but a very real one has been the extra time burden that management of exception reporting places on educational supervisors who are already very busy consultants. It is the impression of the Guardian that educational supervisors are engaging well with the process here at Kingston. There is evidence that over time educational supervisors have become more familiar with the processes and as a result exception reporting is managed in a much more effective and timely manner. There is still some room for improvement and the Guardian will continue to support the ES body as much as possible. There can be quite significant time issues for some educational supervisors and the Guardian will monitor this further.

4.5. Junior Doctors Forum

The junior doctors forum (JD Forum) continues to run as a minuted meeting every 2 months. Attendance has been poor since August but there have been 3 meetings since then, one devoted to the election of co- chairs of the JD Forum. Despite poor attendance, some very useful discussions regarding exception reporting have taken place, and some good ideas have been generated to improve attendance and improve processes. It is planned that the JD Forum time and location change in the future.

4.6. Fines

There have been no fines in this quarter

4.7. IT

The electronic reporting system used at Kingston is DRS (Doctor Rostering System) The Guardian continues to be frustrated with the system. It is difficult to analyse data on the system and as such, the Guardian has concerns that breaches, such as the >72 hours a week and/or missing 25% of rest breaks could easily be missed as it relies on someone going manually through the content of each report. Whilst this was achievable when the volume of exception reports was lower, it becomes very difficult with the current volumes that are being experienced.

The trust is moving to the allocate system which the guardian supports as it is reportedly easier to use. However there have been concerns raised about the allocate system from other guardians who use it. The Guardian is keen to meet with Allocate to discuss the new system.

4.8. Cost pressures:

Cost pressures from exception reporting have risen this quarter. The cost of payment for closed exceptions is £1,800 with a further £608 possible cost pressure from open exceptions. If the junior doctors who have had agreed time back in lieu (TOIL) were unable to take this, a further £1,515 would be due, bringing the total possible cost pressure to £3923 this quarter. (This compares to the last quarter in the following way: In the last quarter £114.71 was paid with a further £181.81 possible cost pressure from open exceptions and a further £100.79 due if TOIL was not taken, bringing the total possible cost pressure to £391.31)

4.9. Loss of training time

Time back in lieu (TOIL) is important if a junior doctor needs to rest due to excess hours worked. In this quarter 92.1 hours of TOIL was given and the board needs to be mindful that this could represent hours when training opportunities are lost potentially. (This compares to just 7.5 hours of TOIL in the last quarter.)

4.10. Trust Doctors

The 2016 T&CS is not applicable to trust doctors. Given that they work side by side on some rotas with our doctors in training it is possible that a lack of exception reporting from shifts worked by trust doctors dilutes the quality of the exception reporting data available to the Guardian to provide assurances to the board. Furthermore this grade of doctor may experience an increase in workload due to the closer monitoring of trainee doctor hours and workload. Implications for retention of staff and subsequent vacancies, which then would have an onward pressure on our doctors in training, should be considered going forward.

4.11. Rota vacancies and locum bookings:

The Guardian has yet to receive data on locum bookings for each training grade and specialty. This data would give additional information on safe working due to unfilled vacancies. The Guardian has no quantitative data on how unfilled shifts were covered, but it is clear from engagement with both junior doctors and consultants that requests for locum cover are sometimes unable to be filled. This data would be useful to collect going forward and the Guardian will try to ascertain for future reports how many shifts were covered by consultants or other staff "acting down" and how many shifts were left uncovered leaving teams to cope with fewer staff. The Guardian will ask for this data to be gathered for future reports as it will inevitably have an impact on junior doctor safe working hours and impact on doctor rest breaks

4.12. Administrative support for the Guardian role

This has been a major issue in this quarter. There has been no permanent, consistent administrative support since August.

4.13. Time allocation for the guardian of safe working role

The current allocation of 1 PA for this role has not been a true reflection of the time commitment to the role. One reason is possibly the lack of consistent administrative assistance. There has been a significant work load setting up the role i.e. attendance at National Guardian conferences, networking events vital for the role i.e. attendance at the South London Guardian network; training for educational supervisors and training for junior doctors which the Guardian has developed, written and delivered; Support and advice for educational supervisors and trainees plus reporting to education faculty meetings and more.

5. Actions taken to resolve issues

5.1. F1 reporting

The volume of reporting from this grade has reduced during the last month of this quarter. It is likely that this reduction will be partly due to the fact that most F1 doctors will necessarily require a settling in period. Educational supervisors have been able to broach time management issues and prioritization of work through the exception reporting process and the Guardian can see from reports that have been closed that many helpful conversations have taken place across the trust to support this difficult transition from medical school to working as a junior doctor. The exception reporting system is proving to be a useful tool to trigger these conversations and offer more support to our juniors. Some F1's however report barriers to reporting. The Guardian will further engage with this group of doctors to ensure that barriers are addressed.

5.2. Volume of reporting from Medicine and Surgery

74% of all exceptions in this quarter have been from Medicine (compared to 66% in the last quarter) 13% of all exceptions arise from the surgery rota (compared to 16% in last quarter). Whilst this is clearly a disproportionate amount from one service line, further analysis shows that in October the percentage arising from Medicine decreased (63%). F1 posts in medicine are indeed very busy, but within the overall reporting the Guardian noted an issue regarding the start of a ward round which had generated 45 exceptions, the reporting stopped after the work schedule was reviewed. This may explain the slight increase in this quarter from medicine alone. The Guardian has met with clinical leads in medicine and is aware of many strategies that have been developed to further reduce exception reporting by reducing volume of work and increasing staffing in the department.

- They have moved the COE RAG board meetings from 8.30am to 9am (this didn't affect Gastroenterology, Respiratory and Cardiology wards as they have a late morning RAG.)
- A Trust grade SpR has been appointed to Stroke medicine
- The two F1s on Blyth ward (now the medically optimised for discharge ward -MOfD) have moved to work on Kennet and Derwent to boost the JD numbers and retain the training aspect of their job.
- Respiratory have also appointed a Trust grade SpR
- The respiratory service line has created an administrative assistant post which, when audited, had saved 25 hours of junior doctor time in one week, giving the junior doctors additional time that can be dedicated to patient care and medical specific skills.
- The medical staffing administrator now sends a list of on call shifts and float shift allocations for the next week, so that everyone is clear about their responsibilities.

As well as the measures that have been implemented to date, there are further plans in development that should ease junior doctor workload and lead to safer working hours

- Two additional Physician associates in elderly care have been appointed. They have been appointed to start after qualification in February 2018
- From Dec 2017, the training grade SHO will move from Blyth to Kennet and the MOfD ward will be staffed by a Trust grade.

The Guardian understands that proposals to expand the administrative assistant role across more of the medical wards have not as yet been agreed. Further evaluation of the impact that this role has had on the workload of junior doctors and the subsequent effect on exception reporting is recommended. If there is a great impact on safe working hours for junior doctors, the Guardian recommends that this be reconsidered.

Surgery

Surgery has the second greatest volume of exception reports over the last quarter. They, like medicine, have also made changes to benefit junior doctor safe working, for example:

- Urology and Emergency Surgery have introduced a system of one F1 leaving early each day to compensate for any late finishes
- The Emergency Surgery firm has also ensured PM ward round is between 15.00PM-15.30PM, and
- Emergency Surgery has increased SHOs to service by international recruitment to ensure F1s are well supported.

5.3. Junior doctor engagement

The junior doctor's forum (JD Forum) could be more effective with better attendance. This has been raised with the junior doctor's themselves and they are working on solutions to improve this. The Guardian is planning a programme of educational seminars with all training grades to discuss exception reporting. This has commenced with the F2's already, with positive feedback, and the aim is to roll this training out amongst each grade /specialty of trainees in the trust.

5.4. Educational supervisor engagement

This has improved greatly throughout the last quarter and there is increased awareness of processes. The Guardian has no concerns about ES engagement in the trust at present and delay in closure of reports has improved over this quarter. There is still room for improvement, especially with the time taken to close reports, and the Guardian will continue to engage with educational supervisors to improve this through a combination of lunch-time training seminars and individual support and advice offered. The Guardian will continue with this approach over the next quarter but additionally, once there is good administrative support for the role of Guardian, there may be scope to develop a regular news letter or web page.

5.5. IT

The trust is planning to introduce a new IT system for exception reporting, the allocate system, which has the advantage of easier data analysis than the current system.

5.6. Cost pressures

Cost pressures have risen as exception reporting has risen. There is a risk that this will increase further in the next quarter as more junior doctors overcome the barriers to reporting.

5.7. Loss of training time

Time back in lieu is important for safety if a doctor exceeds safe working hours, but it is important that it does not effect training opportunities. Educational supervisors are in the main choosing to remunerate doctors for their extra hours, which is in keeping with other trusts across South London.

5.8. Trust doctors

The guardian would like to recommend that robust systems are developed at Kingston to monitor safe working of trust grade doctors as this will impact on patient care and overall safe working of all doctors.

5.9. Rota vacancies and locum bookings

As detailed above the guardian is currently working on processes to get this data on a regular basis from bank partners going forward.

5.10. Administrative support for the Guardian

The Guardian has escalated the lack of administrative support for the role to the Medical Director, who in turn has escalated it to the Director of HR. A new permanent assistant has been appointed whom the Guardian has met with and plans to meet weekly to analyse exceptions and action problems as they arise each week. The Guardian plans to develop processes to receive data on locum bookings and vacancies on a weekly basis and ensure that all data for future reports is more easily accessible. The Guardian is confident that with the right amount of support from a permanent member of staff the analysis of exception reporting will become both easier and more robust going forward.

5.11. Time allocation for the guardian of safe working role

The Guardian is expecting this to become more manageable now that a permanent assistant has been appointed. She will however continue to monitor the situation and escalate to the Medical Director if the time pressures continue.

5.12. Response of individual departments to exception reporting

The guardian is satisfied that individual departments here at Kingston Hospital respond well to concerns about junior doctor safe working hours that are raised through the process of exception reporting. There are many examples, some of which are highlighted above, that demonstrate the efforts of individual departments to ensure safe working hours for doctors at the trust.

6. Summary

In summary

- The current rotas of doctors in training who are on the 2016 contract are all compliant with the terms of service set out in the new contract.
- Since October 2017, 100% of doctors in training at Kingston Hospital are now on the new 2016 TC&S and therefore able to exception report
- Only 19 % of all doctors (57% of F1 doctors) have submitted an exception report in this quarter. It is likely that there is still some under-reporting of exceptions therefore and the Guardian resolves to do more work around this issue in the next quarter.
- This will be likely to result in a more substantial cost pressure associated with payment for the extra hours worked.
- The introduction of the new Allocate IT system may also reveal further breaches, as it may be easier to analyse data with this new system. This will, in turn, put a further cost pressure on the introduction of the new contract.
- Engagement continues to be good from both junior doctors and consultants and understanding of the processes and pathways have increased since the last report to the board. Further training for both doctors in training and their educational supervisors is essential to maintain and further build on this engagement.
- The number of exception reports that are dealt with in a timely fashion has improved as Educational Supervisors are becoming more familiar with the processes and pathways in place.
- It is essential that all Educational Supervisors review the time allocated to their ES role during the job planning process. There should be 0.25 SPA allocated to each trainee.
- A permanent administrative assistant to the guardian of safe working has now been appointed which is vital if the role is to be maximally effective.
- The volume of exception reporting from Medicine remains disproportionately high compared to other specialties. The Guardian will continue to monitor the situation, but is satisfied that the department has already implemented, and plans to introduce more initiatives designed to reduce

workload and reduce the risk of exceptions being reported. It will be important to monitor over the next quarter if the measures thus far introduced have begun to have an impact on the level of reporting from Medicine and thus the safe working of junior doctors in these specialties.

- There have been no immediate safety concerns reported to the guardian during this quarter.

Recommendation

The Board is asked to note this report and consider the assurances provided that the Guardian is comfortable with the overall safety of working hours in the organization.