Guardian of Safe working Quarterly Report (Q2, July-September 2019)

Report to the Board of Directors	18/10/2019
Accountable Director	Dr Frankie Swords Medical Director
Title	Guardian of Safe Working Hours quarterly Report
Reference period of Report	July-September 2019
Author	Zaheer Babar Guardian of Safe working hours
Purpose	To provide report from the Guardian of Safe working to the Board on the safety of doctors' working hours

Executive Summary

1) Total numbers of exception reports submitted during this quarter are 71 and the highest numbers of them are related to hours.
2) There were 2 reports submitted as ISC, both of them were submitted in the month of July. There were no ISC related exception reports during August and September.
3) Highest numbers of the exception reports are submitted from Orthopaedics during 1st and 2nd quarter.
4) The trainees have raised concerns about the staffing level during working hours and out of hour cover in General surgery and Orthopaedics.

Recommendations:

Actions should be implemented to improve the staffing for the junior doctors in surgery and orthopaedics during working hours. The out of hour and weekend staffing also needs to be reviewed and improved.

Executive summary

The 2016 junior doctor contract requires doctors in training to report exceptions to their contracted work hours. The exceptions are monitored using the Allocate software solution which provides electronic reporting and resolution records which can be monitored by the PGMEC the Guardian of Safe Working and the Director of medical education.

Since August 2018 majority of the doctors in training at QEH transitioned to the 2016 contract. The PGMEC team have ensured Rota compliance and worked with teams to deliver appropriate cover is provided where there are vacancies.

Medical Rotas are now on e-roster. This system allows rota planners and doctors to identify if there are any breaches of T&C for doctors working at QEH. Easy access to rotas off-site and via mobile device has been well received by medical staff.

The details in this report are limited to the doctors in training only and do not include clinical fellows and trust doctors.

The information provided in this report is obtained from Post graduate medical education manager and its team, departmental rota coordinators, Allocate exception reporting system and informal meetings with the trainees.

Introduction

The purpose of this report is to provide an update to the board on the impact of the 2016 junior doctor contract. Its key aim is to provide assurance of the mechanisms in place for safe working practices and compliance with the 2016 terms and conditions of service.

This Q2 report to the board, once again relates to all trainees who submitted these reports between July-September 2019. Currently, no system is in place for the clinical fellows and speciality doctors to exception report. During this quarter, exception reports were submitted by F1, F2 and CMT grade doctors. Clinical, Educational supervisors and clinical leads are responsible for the management of exceptions according to the timeline set down in the T&C of work.

Essential Data: (July-September 2019)

Number of training posts: 151

Number of doctors/dentist in training (total): 142

Number of training post vacancies (total): 9

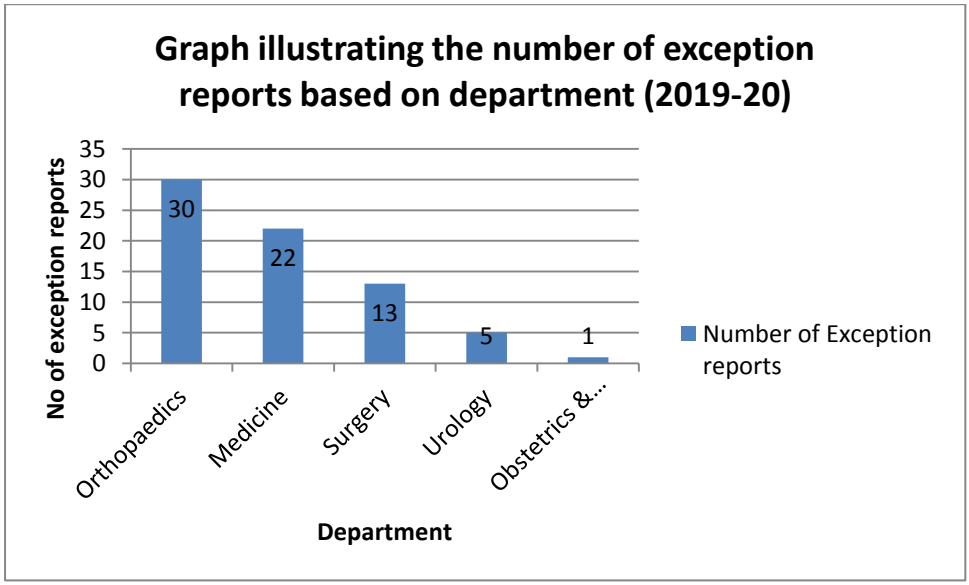
These training posts and vacancies are from August 2019 and do not include the vacancies in the locally employed non training posts. The number of training posts can vary on yearly basis depending on the allocation from the deanery. We had a better filling rate of our training posts during this quarter.

Exception Reports:

	Immediate Safety Concerns	Total hours of work and/or pattern	Educational opportunities /support	Service Support Available	Total
Month 1	2*	8	2	2	12
Month 2	0	34	2	0	36
Month 3	0	19	3	1	23
Quarter	2	61	7	3	71

*2 ISC are included in total of 12 exception reports in month of July. One ISC was related to the missed educational opportunities and 2nd to support available.

Department	No of Exception reports
Orthopaedics	30
Medicine	22
Surgery	13
Urology	05
Obstetrics and Gynaecology	01



Highest number of exception reports from orthopaedics and same was observed during the first quarter of this year. The exception reports in Trauma and orthopaedics are related to inadequate staffing and unmanageable workload due to increased number and complexity

of the patients. Though multiple exception reports were submitted by a single trainee, however T&O was the only department where most of the trainees have submitted at least one exception report during this quarter.

During July, 11 exception reports were submitted from the medicine directorate, mainly from acute medicine short stay area and Tilney Medicine. These exception reports were due to inadequate staffing across the acute floor. It has significantly improved since August due to active management and allocation of trainees on daily basis by the acute medicine consultant's team. Remaining 11 exception reports from medicine were submitted during August and September and from the speciality medical wards.

Only one exception report was submitted from the surgery during month of July and the remaining exception reports were submitted during August and September.

All 5 exception reports from Urology have been submitted during August and September and they all relate to staying longer hours to finish the tasks.

Only one exception report was submitted from Obstetrics and Gynaecology and it was related to miss educational opportunities.

Trends in Exception reporting

The numbers of exception reports have declined in medicine directorate compared to the 2nd quarter of 2018-2019. This is likely the result of improved staffing level due to induction of new clinical fellows and better staffing management during the changeover week. I have visited the medical wards and have discussed with the trainees in person and they were generally happy with the staffing level and the senior support.

The exception reports rate remained high in T&O during this quarter. Similar trend was observed during the 2nd quarter of 2018-19 and the 1st quarter of this year. As stated above, most of the trainees have submitted at least one exception report from T&O department.

General surgery and urology have emerged as new areas of concern during this quarter. I had several discussions with the trainees in Urology and Surgery and most of them feel that their workload is difficult to manage during working hours and almost unmanageable out of hours and weekends.

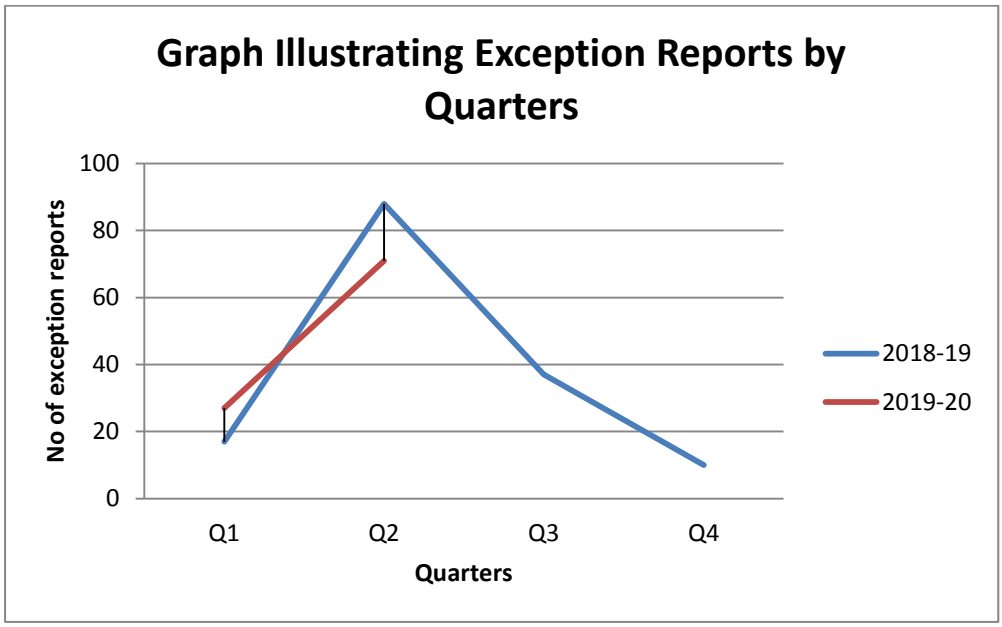
Most of the exception reports are related to the hours. Missing the natural breaks, service support and missed educational opportunities were the other reasons for submission of exception reports. It is encouraging to see that the trainees started submitting exception reports for missing the breaks and educational opportunities.

The trainees in T&O have struggled to finish their jobs during the hours and had to stay longer. They have also missed their natural breaks and failed to attend their mandatory teaching sessions.

All the exception reports in Urology are submitted by one trainee.

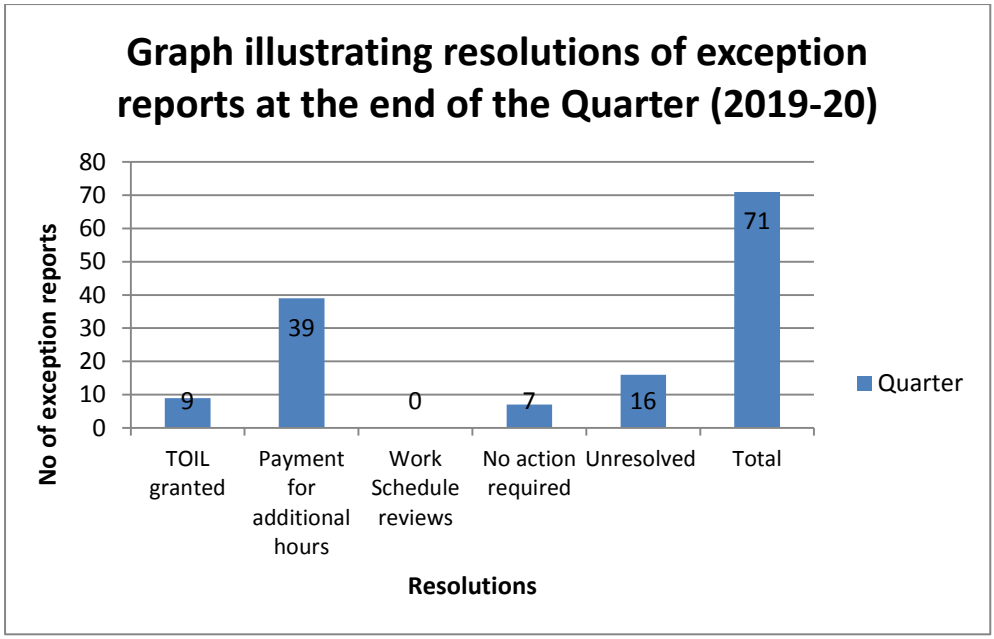
No exception reports were submitted by GPVTS and ST grade doctors.

Graph illustrating the comparison with the previous year



Resolutions

	TOIL granted	Payment for additional hours	Work schedule reviews	No action required	Unresolved	Total
Month 1	0	6	0	1	5	12
Month 2	8	18	0	3	7	36
Month 3	1	15	0	3	4	23
Quarter	9	39	0	7	16	71



39 of these exception reports are resolved by paying for extra hours, 9 by giving time in lieu and no action was required for 7.

There are 16 reports which are awaiting resolution, either no initial meeting took place or trainee did not approve the outcome. 11 exception reports from surgery and Urology are awaiting the initial meeting. GoSW was informed by the clinical supervisor of Urology F1 that the meeting took place, however there is no entry. In cases of exception reports from the surgery, the initial meeting did not take place despite reminders from GoSW administrative support. 5 exception reports from Medicine directorate are technically unresolved as the trainees have not approved the outcome.

The exception reports from July will be closed as the trainees have left the Trust and no action is required or can be done.

Work Schedule reviews

Month	Speciality/Department & Grade	Detail of work schedule review

No formal work schedule review took place during this quarter.

The concerns about inadequate staffing in T&O, general surgery during in hours and out of hours have been escalated to the concerned managers and the work is in progress to remodel the rota to address these concerns. The Trust also moved one QE fellow from the medicine directorate to surgery following the exception reports in the surgery.

Details of Immediate Safety Concerns

Department	Nature of safety concern	Action
Tilney Medicine	Service support	An extra doctor was arranged
Tilney Medicine	Educational	Escalated to educational supervisor

2 ISC were submitted by one FY1 trainee in Tilney Medicine due to inadequate staffing, lack of senior cover and missed educational opportunities as the locum consultant was not replaced during annual leave.

I have discussed these concerns with the trainee and was assured that no patient came to any harm. An extra help for the doctor was arranged and exception report regarding missed educational opportunities was escalated to the Educational supervisor. No formal meeting between the trainee and ES took place and now trainee has left the Trust. I have closed this exception reports.

Reassuringly, no ISC have been raised during the last 2 months of 2nd quarter.

Fines Levies against departments

Department	Detail	Total value of fine
Total fine Levied		

No Fine has been levied during this quarter.

Rota Gaps and Vacancies

Department	Number of vacancies	Grade/Detail
Acute Medicine	13	11 CMT/FY2 2 SpR
General Medicine	9	9 FY2/CMT
Surgery	3	2 FY2 1 SpR
A&E	3.5	2.5 FY2 1 GPVTS
Obstetrics and Gynaecology	2	1 FY2 1 GPVTS
Anaesthesia and ITU	0	0
Paediatrics	2	2 for August 1 from September*

*the information about gaps in Paediatrics above ST3 is not available at the time of submission of the report.

The gaps in the rota of all the directorates are filled by locally employed doctors, bank doctors and agency locums. In medicine directorate, 8 FY2/CMT and 1 StR gap is unfilled.

I have been informed by the Rota coordinator in Surgery and Obstetrics & Gynaecology that they actively fill their gaps. I don't have the exact number of unfilled posts in surgery and Obstetrics and Gynaecology at the time of submission of this report but will include this information in the next report.

It is important to note that the above numbers are the total number of vacancies which include the vacant training posts and Trust funded posts.

Junior doctors forum and junior doctors' engagement:

The attendance in the last JDF was poor; however it had been satisfactory recently. The concerns raised in JDF are also related to out of hour's surgery cover and urology staffing level.

Support for guardian role:

Amount of time available in job plan for guardian: 1 PA

Admin support provided to the guardian: 0.25

Amount of job planned time for educational supervisor: 0.25

Doctors and Dentist in Training not on 2016:

4 doctors in 2002 contract

Key Issues and Summary:

Highest numbers of exception reports are submitted by Trauma and Orthopaedics FY1 trainees. Most of the exceptions reported are related to the hours. The trainees have started to submit exception reports for missed breaks and educational opportunities which is a positive trend.

The trainees in General surgery and urology have raised concerns about the staffing level during normal working hours. This has led to them missing their breaks, educational opportunities and staying late to finish the jobs. It has been escalated through the divisional director of surgical directorate and Medical Director. The rota coordinator in surgery is working on the ideal rota to resolve these concerns.

The numbers of exception reports in the medicine directorate have dropped compared to the 2nd quarter of the last year. I have met the trainees in medicine directorate in their wards and they are settled in their jobs and did not raise any concerns about the staffing level or senior support. There were few exception reports submitted by FY trainees in a care of elderly ward during the annual leave of the substantive consultant as no appropriate arrangements were made to cover the ward.

One GPVTS trainee struggled to get the room at NNUH for his night on calls as part of his rota commitment. This was escalated through the right channels and I have been recently informed by the trainee that it has resolved.

I have been informed by FY2 doctor in Obstetrics & Gynaecology that the culture and support in the department have improved since the changeover in August.