



TRUST BOARD
31 May 2018

AGENDA ITEM	17.1	
TITLE OF PAPER	Guardian of Safe Working Annual Report 2017/18	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	+	Assurance of doctors in training safe working hours in line with new contract TCS 2016
Excellent experience	+	For both staff and patients in ensuring safe working hours
Skilled & motivated teams	+	Ensuring rested and valued doctors in training are capable of working to the best of their abilities
Top productivity	+	Safe motivated workforce recognised to provide high quality healthcare
EXECUTIVE SUMMARY		
<p>This is the first ASPH Annual GoSW report on rota gaps and vacancies. This report is a distillation of the four Quarterly reports that have been presented to the WOD committee since February 2017 and actually covers an 18 month period. This report, like the Quarterly reports, is based around a NHS Employer template to aid consistency and benchmarking.</p> <p>This paper summarises the rota gaps and most importantly those gaps that have remained unfilled within period. These unfilled gaps put our doctors in training at risk of both working unsafe hours in respect to time but also workload intensity and as such can be used as a marker of safe working within the organisation. Such risk will have a deleterious effect on the ability to provide high quality and safe patient care.</p> <p>We have a mature embedded GoSW and exception reporting structure which is demonstrably efficient. Tied to this are regular Fora of Trainee Safe Working (FTSW) along with clear availability and visibility of the Guardian.</p> <p>The GoSW can offer assurance to the Board that our rotas are compliant with safe working hours, have not attracted any penalty fines for the last nine</p>		

	months and while our vacancy rate is relatively static, primarily related to higher grade trainee Health Education England (HEE) recruitment issues, our unfilled rota gaps have reduced significantly (18% to 6%) and triangulate with the clearer workforce data included within the last two Quarterly reports.
RECOMMENDATION:	Receive and obtain assurance
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	+
Patient impact	+
Employee	+
Other stakeholder	
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	BAF 1.4 Workforce aligned with acuity and demand BAF 3.1 Inability to recruit and retain BAF 3.2 Valued and motivated staff
AUTHOR	Paul Murray, Guardian of Safe Working
PRESENTED BY	Paul Murray, Guardian of Safe Working/Deputy Medical Director/Chief of Patient Safety
DATE	31 May 2018
BOARD ACTION	Assurance

ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Covering October 2016 – end of March 2018 (18 month period)

Guardian of Safe Working – Dr Paul Murray

Executive summary

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We have a mature embedded GoSW and exception reporting structure which is demonstrably efficient. Tied to this are regular Fora of Trainee Safe Working (FTSW) along with clear availability and visibility of the Guardian.

The GoSW can offer assurance to the Board that our rotas are compliant with safe working hours, have not attracted any penalty fines for the last nine months and while our vacancy rate is relatively static, primarily related to higher grade trainee Health Education England (HEE) recruitment issues, our unfilled rota gaps have reduced significantly (18% to 6%) and triangulate with the clearer workforce data included within the last two Quarterly reports.

Introduction

The New Junior Doctor contract went live on 3rd August 2016 and was implemented from October 2016 to October 2017. This has been implemented in all NHS organisations.

The new features of this contract relevant to this report are work scheduling and exception reporting (ER). Work scheduling refers to a generic work schedule sent to the trainee prior to commencement of post and then personalised by discussion between the trainee and the educational supervisor shortly after starting the post.

Exception reporting has replaced the previous retrospective diary card exercise within the old contract. ERs are submitted by a trainee when their day-to-day work varies significantly from their agreed personalised work schedule. ERs may relate to variations in the hours worked, the pattern of work, missed educational and learning opportunities or due to a lack of support available to the doctor whilst at work. If the trainee is in doubt they are encouraged both by the new contract details and the Guardian of Safe Working to log an ER.

These ERs are notified to the relevant Educational (overall trainee supervisor usually for the 1 year attachment) or Clinical supervisor (trainee supervisor for individual four-monthly attachments during Foundation year – supported by Educational supervisor) by email via an electronic reporting (DRS-4) system and are copied to either the Director of Medical Education (Dr Peter Martin) for training issues, or to the Guardian of Safe Working (Dr Paul Murray) for rest or hours issues. Due to the diversity of the different jobs within the Foundation year it was decided within the FTSW that the relevant Clinical supervisor for each attachment would be the best consultant to deal with the ERs.

The Educational/Clinical supervisor is responsible for deciding on the outcome of an ER and informing the trainee of this decision using the DRS-4 system – with either compensatory time off in-lieu (TOIL) or pay if the ER is agreed. A guidance document to support supervisors and trainees has been produced and distributed by the Medical Workforce Team

as well as provision of DRS4 guidance and an e-learning module (for Educational/Clinical supervisors) in conjunction with presentations to the Divisional Team meetings.

As per the Terms and Conditions of this New Contract penalty/fines may be levied against the Trust by the Guardian of Safe Working when working hours breach one or more of the following parameters:

- a) The 48 hour average weekly working limit
- b) Contractual limit on maximum 72 hours worked within any consecutive 7 day period
- c) Minimum 11 hour rest period has been reduced to less than 8 hours
- d) Where meal breaks are missed on more than 25 per cent of occasions over a rota cycle.

All four of these fine stipulations are firmly centred on the need for all trainees to work safe hours.

High level data

Number of doctors / dentists in training (total):	199
Number of doctors / dentists in training on 2016 TCS (total):	199
Annual vacancy rate among this staff group:	7%

Annual data summary

The tables below summarises the vacancy data, subsequent rota gaps and unfilled shifts over the 18 month period covered by my four previous reports submitted to the WOD committee since October 2016. As the times covered within these reports have in some instances been longer than quarters (to enable best and most timely capture of trainees as they transitioned onto the new contract) I have expressed the data columns by report (numbers 1-4) rather than by quarter. The average number of uncovered shifts per week column takes into account the 18 month span that this report covers.

I have used Table 1 to show the unfilled rota gaps related to only the vacant posts and Table 2 to show the unfilled shifts for all rota gap reasons (such as sick absence or annual leave). As the data has improved, and has included LTFT trainees, this has been reflected more in the 3rd and 4th reports. This LTFT gaps are particularly noticeable within the WHP Division.

I would draw your attention to the final row in both tables demonstrating a significant reduction in the numbers of unfilled rota gaps – particularly in reference to Report 4 which covers a longer six month period.

Table 1

Vacancy rate against unfilled vacancy shifts

Count of WTE		Vacancy rate per report					ALL Unfilled shifts per report					
		1	2	3	4	Average Total	1	2	3	4	Grand Total	Avg no unfilled per week
Division	Grade											
AMES	Found	1	0.25	1.33	1	0.89	0	0	59	19	78	1
	Other Dr	3	2.25	1.12	0	1.59	218	62	16	0	296	3.79
	SpR	5	4.25	3.66	2.5	3.85	0	0	60	24	84	1.07
AMES Total		9	6.75	6.12	3.5	6.34	218	62	135	43	458	5.87
DTTO	Found	0	0	0.66	0.66	0.33	0	0	8	4	12	0.15
	Other Dr	1	0	0.39	0	0.34	48	15	0	0	63	0.8
	SpR	0	2	2.33	3.66	1.99	0	0	4	3	7	0.89
DTTO Total		1	2	3.39	4.33	2.68	48	15	12	7	82	1.05
TASSC	Found	0	0.5	0.33	0.5	0.33	0	0	0	3	3	0.03
	Other Dr	0	0	0.8	0.33	0.28	344	0	0	0	344	4.41
TASCC Total		0	0.5	1.133	0.833	0.61	344	0	0	3	347	4.44
WHP	Found	0	0.5	0.72	2	0.8	0	0	14	34	48	0.62
	Other Dr	3	3.25	3.26	3.66	3.29	401	119	72	0	592	7.59
WHP Total		3	3.75	3.98	5.66	4.09	401	119	86	34	640	8.21
Grand Total		13	13	14.6	14.3	13.7	1011	196	233	87	1527	19.57

Table 2

Vacancy rate against all unfilled shifts

Count of WTE		Vacancy rate per report					ALL Unfilled shifts per report					
		1	2	3	4	Average Total	1	2	3	4	Grand Total	Avg no unfilled per week
Division	Grade											
AMES	Found	1	0.25	1.33	1	0.89	0	0	60	26	86	1.1
	Other Dr	3	2.25	1.12	0	1.59	259	63	18	0	340	4.35
	SpR	5	4.25	3.66	2.5	3.85	0	0	63	58	121	1.55
AMES Total		9	6.75	6.12	3.5	6.34	259	63	141	84	547	7.01
DTTO	Found	0	0	0.66	0.66	0.33	0	0	8	4	12	0.15
	Other Dr	1	0	0.39	0	0.34	101	15	1	0	117	1.5
	SpR	0	2	2.33	3.66	1.99	0	0	17	21	38	0.48
DTTO Total		1	2	3.39	4.33	2.68	101	15	26	25	167	2.14
TASSC	Found	0	0.5	0.33	0.5	0.33	0	0	0	4	4	0.05
	Other Dr	0	0	0.8	0.33	0.28	363	0	0	0	363	4.65
TASCC Total		0	0.5	1.133	0.833	0.61	363	0	0	4	367	4.7
WHP	Found	0	0.5	0.72	2	0.8	0	0	17	42	59	0.75
	Other Dr	3	3.25	3.26	3.66	3.29	462	122	77	0	661	8.48
WHP Total		3	3.75	3.98	5.66	4.09	462	122	94	42	720	9.23
Grand Total		13	13	14.6	14.3	13.7	1185	200	261	155	1801	23.08

Issues arising

There has been a huge effort involved in introducing the role of the GoSW and embedding the support systems that ensure not just safe hours of working for trainee doctors but also safe working conditions. The new contract and the Guardian role required a significant change to practice both within ASPH and the wider NHS.

Within the reporting period there have been no recurrent vacant posts specific to Divisions or rotas though the total vacancy rate has remained relatively static. Some of this has been due to increasingly better data capture which has now been including Less Than Full Time (LTFT) trainees in the last three reports. Vacancies from within Core and Higher Speciality Training (HST) posts are invariably Health Education England recruiting shortfalls, though there has been a slight increase in the number of Foundation doctor posts that have been unfilled.

Exception reporting over this time period has become well established and accepted. The initial 'teething' problems with awareness, particularly with supervisors, training with new IT systems and the assurance that time off or pay have been received have been overcome. The ER rate appears to have settled at an average of 40/month. There is a disparity between specialities in reporting rates with around 80% of ERs coming from the AMES Division in the whole period. In the last six month report (Oct 17 – Mar 18) 98% of ERs originate from the two years of Foundation Doctors though most vacancies have been at the HST level. Reporting rates from surgical specialities has been consistently low despite encouragement to fill these in whenever appropriate.

There have been nine Work Schedule Reviews in period. Eight have been in medical specialities and one in O&G. The details of these WSRs are described fully in the individual Quarterly Reports. These WSRs have proven to be an effective mechanism for highlighting

and quickly resolving issues with rotas and working patterns. In theory WSRs should be triggered by the Educational or Clinical Supervisor but the majority so far have been initiated directly by the GoSW.

The quality of data returns for vacancies and rota gaps has been reviewed and is now far more robust. Unfilled rota gaps are a particular concern as this may lead to trainee doctors working over their rostered hours and also creating unsafe working conditions from excessive work intensity. There appears to be a large reduction in unfilled shifts as demonstrated by the improved data – showing a reduction in unfilled rota gaps dropping from 18% to under 6% across the last two Quarterly reports (covering the most recent nine month period).

There have been several requests from Higher Speciality Trainees for rest areas after long shifts. This has been a particular concern voiced by trainees who after a busy night shift are faced with a long drive to get home. The Trust is looking for a permanent rest solution. The matter currently is unresolved.

Actions taken to resolve issues

ERs come predominantly from medicine and Foundation Doctors. The rates appear to be stable. Of some concern is the apparent low rate of reporting from craft specialties which is also reported across the region. There appears to be a remaining reticence to fill ERs in surgery. The Forum of Trainee Safe Working (FTSW) has been a useful mechanism for highlighting safe working in surgery and has prompted the first WSR in surgery which took place on 17/5/2018. This falls outside the scope of this Annual Report and will feature in the next Quarterly Report. A potential drawback of relying on this Forum to allow timely

discussion has been the frequency of non-quorate meetings due to lack of doctor in training representation.

The GoSW is supported by an extremely dedicated Medical Workforce Team. This team has evolved over the period of this report and is now fully embedded. Regular communication and decisive problem solving has been the key to the team's success. The stability of this team is critical to the ongoing success of the GoSW. This is even more important now that a new Guardian, Dr Pardeep Gill, has been appointed since 1st May 2018.

The WSRs have been very effective at resolving safe working issues. Of particular note has been the conversion of a problematic medicine F1 twilight shift into an overnight shift. This has been a significant undertaking and has led to a large reduction in ERs from that rota and has been well received by the F1 doctors. Over the period other WSRs have secured additional middle grade doctors to fill rota gaps, primarily within medical rotas, though no formal rota redesigns. The FTSW has also been used as a successful sounding board to instigate discussions with Divisional team members who have been flexible and accommodating in adjusting weekend working within the medical on-call rota.

The data for vacancies and rota gaps is now robust and accurate. Unfilled rota gaps, along with higher usage of bank work support rather than external agency support, appear to be decreasing which is reassuring. There have been no penalty fines associated with work schedules since the second Quarterly report covering to the end of June 2017.

Summary

As the GoSW I feel I can give assurance to the Board that we have embedded a highly functional ER system with ongoing Medical Workforce support at ASPH. Alongside this I feel

that as Guardian, with recognition by the Medical Director, Dr David Fluck, and the wider Executive Team, I have been given the time and space necessary to ensure impartiality and thus the respect from both the doctors in training and the supervising consultants. Such a position is key to providing a safe space for the trainee doctors to feel open enough to log ERs. Whilst the system is functional there are some areas that still concern me, notably the level of reporting from outside the AMES Division, but it will now be for my successor to explore this further to see whether this is true under-reporting or in fact a sign of a safe and proficient surgical workforce.

My concerns over rota gap data quality have been addressed and I feel the last two Quarterly reports have reflected this more transparent and digestible data. While we have some vacancy gaps within the doctors in training workforce I can provide assurance that with this data we have shown a step wise improvement in unfilled rota gaps and reassuring triangulation with our vacancy and fill rates.

Alongside the work looking into craft specialty reporting rates more work will need to be done to look at ERs relating to workload intensity as well as rota gaps. As the ERs have matured over time the workload intensity theme has become more apparent rather than the specific need to stay longer than contracted hours.

Questions for consideration

I ask the Board to note this report and to consider my assurances in respect to the Exception reporting system, the Guardian of Safe Working role and the fill rate of vacant posts within the doctor in training rotas. All of our work schedules are compliant with the new junior doctor contract and the doctors in training have a robust and safe mechanism to report any exceptions to their personalised schedules.

I ask the Board to note my concerns over possible under-reporting from some areas of the organisation though this needs further work and confirmation. This will be addressed within the coming year and will be reflected in future Quarterly reports to the WOD committee.

There also remains ongoing IT issues with the software system supporting the ER process and we continue to await additional upgrades which should enable additional functionality to allow the interface for the trainees to be more user friendly.

An area that remains an issue and that I would ask for Board support is in respect to a dedicated rest space for this workforce particularly when having finished long shifts before travelling home.