

Agenda Item 5i

Report to:	Board of Directors	Date: 5 th July 2018
Report from:	Dr Martin Goddard, Guardian of Safe Working on behalf of the Medical Director	
Principal Objective/ Strategy and Title	Organisational Culture Yearly Report on Safe Working Hours: Doctors and Dentists in Training (August 2016 – July 2017)	
Board Assurance Framework Entries	Unable to provide safe, high quality care	
Regulatory Requirement	2016 Medical Terms and Conditions of Service for Doctors and Dentists in Training.	
Equality Considerations	None believed to apply	
Key Risks	Failure to maintain or develop the Trust's Safety Culture	
For:	Information	

Executive summary

Reporting levels remain low within the Trust, although the steady turnover of staff and increasing familiarity with the processes has led to an increase in more recent months. Problems with junior doctor access to the reporting system have been addressed. The Junior Doctors Forum is becoming more active and there is engagement over the coming move to New Papworth. Current working arrangements will be reviewed to ensure they are appropriate for the working practices after the move.

Introduction

There has been a delay in providing a further update to the Board due to the ability to extract the necessary data to construct the report, but additional resources and changes in practice will hopefully ensure the timely production of the data to allow the report to be constructed.

High level data

Number of doctors / dentists in training (total):	77
Number of doctors / dentists in training on 2016 TCS (total):	77
Amount of time available in job plan for guardian to do the role:	1 PA per week
Admin support provided to the guardian:	as required by Medical Staffing Manager
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

Exception reports (with regard to working hours)

The majority of exception reports are generated in chest medicine primarily the foundation year doctors and core medical trainees. Whilst a single rota has been constructed the different business units within chest medicine do not have matching working patterns and this one size fits all approach is under review but requires engagement from consultants in all sub-specialties.

The overall reporting rate is low in comparison to both regional and national figures. Royal Papworth currently reports at 0.2 reports per junior doctor per year whilst regional figures on average are approximately 0.8. The majority of reports are generated by foundation and core trainees and Royal Papworth has a lower proportion of these posts compared to other Trusts.

An informal survey was undertaken by the Junior Doctors Forum to raise this issue. Many of the Juniors felt pressured not to log exception reports. This pressure was perceived to come from the more senior trainees and not the consultant body, and the majority of trainees felt the consultants were

supportive of the process. This has been addressed through feedback to Educational Supervisors through PGMETC and the consultant body through PMAC.

Exceptions have been closed at level 1 and have been managed through the provision of time-off in lieu.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Cardiology	0	3	0	3
CMU	0	12	10	2
CT Surgery	0	3	0	3
ICU	0	2	0	2
Total	0	20	10	10
Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	10	5	5
F2	0	3	0	3
CMT	0	7	2	5
Total	0	20	7	13
Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Cardiology F1	0	3	0	3
CMU F1/2	0	7	5	2
CMU CMT	0	5	2	3
ICU F2	0	2	0	2
CT Surgery F2/CT	0	3	0	3
Total	0	20	7	13

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
Total		7	13	13

Work schedule reviews

A work schedule review is being coordinated for the foundation year and core trainees in respiratory medicine.

All rotas will be reviewed in relation to the move to the new site to ensure they reflect any changes to working practices. The details of these are not all known yet. The Junior Doctors are kept informed

through the Junior Doctors Forum and all new starters from August 2018 have been notified in writing that there may be minor changes in their working patterns and timetables related to the move.

Comment

Locum bookings

i) Bank

Locum bookings (Locum work carried out by trainees) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Cardiology	16	199	0	199	199
CMU	13	195	0	195	195
Surgery	44	946	0	946	946
ICU	16	268	0	268	268
Anaesthetics	16	285	0	285	285
Total	105	1892	0	1892	1892
Locum bookings (Locum work carried out by trainees) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
F2	6	85	0	85	85
CT	17	363	0	363	363
ST	83	1445	0	1445	1445
Total	105	1862	0	1892	1892
Locum bookings (Locum work carried out by trainees) by reason					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Induction Cover	2	12	0	12	12
Paediatric	1	15	0	15	15
Paternity Leave	1	13	0	13	13
Weather Conditions	1	3	0	3	3
Sickness	5	72	0	72	72
Rota Vacancy	95	1778	0	1778	1778
Total	105	1862	0	1862	1862

Comment.

The Junior Doctors have continued to support the Trust through undertaking internal locum shifts when required and no agency locums are required. The system for this is explained to all junior doctors at induction and our need to minimize agency locums on the basis of patient safety and that their working patterns can support the working of some additional duty periods. There remain some recruitment issues with long term gaps in rosters which is having a negative impact on the provision of education.

ii) Agency locum bookings

None in reporting period

a) Agency Locum work carried out by trainees

None in reporting period

b) Vacancies

Vacancies by month				
Specialty	Grade	Period	Total gaps (average)	Number of shifts uncovered
Anaesthetics	STR	Aug to April	3	0
Cardiology	FY1	Aug to April	2	2
CMU	STR	Feb to April	2	0
CT Surgery	FY2	Aug to April	1	0
CT Surgery	STR	Aug to April	2	0
ICU	STR	Feb to April	2	0
Total			12	0

c) Fines

None in reporting period

Qualitative information

Discussions with the Junior Doctors Forum which has been led by Dr William Jenner, has identified that the most junior doctors in Surgery are having to stay to 8pm not infrequently and on occasions to 10pm. This is clearly in excess of their contracted hours and if found to be a consistent occurrence would place the Trust at risk of a fine. They have not submitted exception reports allowing the Guardian to act as they feel under pressure not to report largely from the more senior trainees. Individuals have recently been identified to me and an informal discussion will be had. The junior medical staff have been asked to submit their exception reports and also to report directly any unacceptable behaviours which will be escalated as appropriate.

Workload pressures are impacting on some of the educational activities despite the increased use of Nurse Practitioners in some areas to support the junior staff in some of their roles. In addition, some activities do not appear to happen – particularly consultant led ward rounds in some areas which are an invaluable educational opportunity. I have requested that these be formally reported in order to have a better understanding of the issues.

Issues arising

There have been exception reports in relation to education. In particular, access to cath labs for core trainees in cardiology - this has been resolved through the provision of swipe cards.

The removal of a nurse practitioner on the cardiac day ward significantly impacted on the education of the FY1 posts in Cardiology. This post is to be reinstated, and the educational opportunities available to the FY1 Doctors is to be reviewed.

Summary

No hard evidence is available to suggest that the current working practices of the junior medical staff are unsafe for patients or themselves, however the reporting rate remains low and I have increasing concerns that this reflects a cultural problem within the organisation. The soft evidence is increasingly indicating issues which are not being reported.

Recommendation:

The Board of Directors is requested to note the contents of this report.