

## Guardian of Safe Working Hours End of Year Report

### Public Board

26/05/2022

<b>Presented for:</b>	Information
<b>Presented by:</b>	Dr Rosalind Roden and Miss Louise Buchanan, Guardians of Safeworking
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<b>Previous Committees:</b>	Learning, Education and Training Committee, 18/05/2022

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk		Workforce Deployment Risk - We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required.	Cautious	Choose an item.
Operational Risk		Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Choose an item.
Clinical Risk		Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Choose an item.

Financial Risk		Financial Reporting Risk - We will deliver sound financial management and reporting for the Trust with no material misstatements or variances to forecast.	Minimal	Choose an item.
External Risk		Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	Open	Choose an item.

<b>Key points</b>		<b>Intr odu ctio n</b>
1. Annual report from the Guardians of Safeworking Hours detailing Leeds Teaching Hospitals Trust's current position with respect to the 2019 Junior Doctors Contract.	For discussion and Information	

The 2016 Junior Doctors Contract is now in its sixth year, to summarise the five pillars of the contract are:

- Doctors in training now have a process for reporting safety concerns in the workplace which we can then ensure reach senior management.
- They now have work schedules that describe their working patterns more clearly than before.
- They should exception report if they work beyond their scheduled hours.
- Four of the most serious breaches of safe working limits should lead to fines for the CSU housing the trainee.
- A Junior Doctor Forum should be established to discuss work and training issues and to decide how these fine monies should be spent.

**In Autumn 2019 Junior Doctors Contract was reviewed introducing some new rules of working. We are pleased to report that the rota's within LTH are now compliant.**

The Guardian of Safe working team currently consists of:

- Dr Ros Roden - Emergency Medicine Consultant and Associate Postgraduate Dean
- Miss Louise Buchanan - Professional Support & Wellbeing Manager
- Miss Laura Brown, Administrative Officer

The team continues to work closely with the Director of Postgraduate Medical Education, Dr Dipesh Odedra, Medical Deployment Team and CSU Directors & Managers as needed. The team reports to the Medical Education Subcommittee (MESc) and provides a regular update to the Learning Education and Training Committee, a sub-committee of the Workforce Committee.

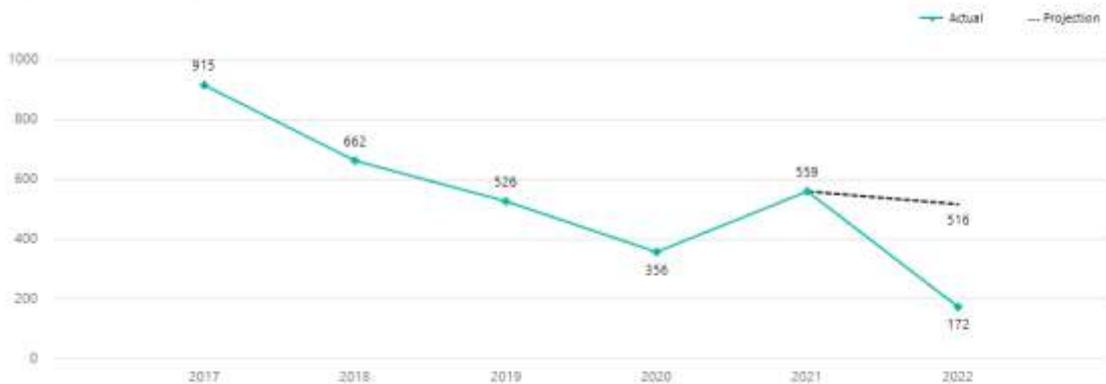
Over the last 2 years we have increased the scope of our role to become more involved with junior doctors wellbeing. The creation of Junior Doctor Wellbeing Champions has allowed us to work closely with the junior doctors themselves and in particular to learn more first hand of the impact of the pandemic.

In this report we will aim to summarise what we have learnt regarding the effect of the COVID pandemic on our junior doctors lives both working and personal.

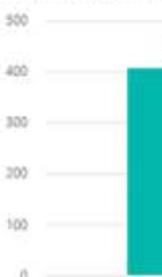
**Exception Reporting**

The following graphs illustrate the exception reporting patterns for 12 months from April 2021- April 2022.

Year-on-year Totals - Exception Reports



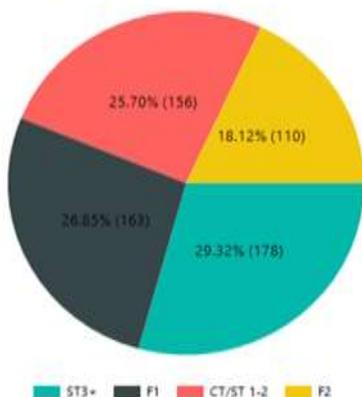
Exception Reports by Outcome



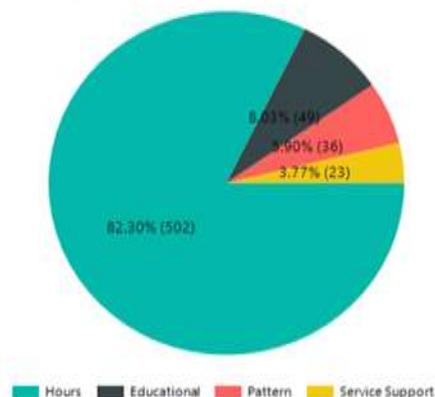
Month	AMS	CAH	Cardio	Children's	HSN	N/A	Neuro	Oncology	Pafti	Radio	SIM	T/A	TRIS	UIC	Women's
Apr-21	1	1	1	0	0	2	3	20	1	3	3	0	1	3	2
May-21	7	0	0	0	1	3	4	21	0	0	0	0	5	0	1
Jun-21	0	0	2	0	0	2	2	23	2	0	2	0	14	3	5
Jul-21	1	0	0	0	0	1	8	14	0	0	1	0	0	4	0
Aug-21	7	0	4	2	2	0	5	17	2	0	0	0	8	7	1
Sep-21	7	0	3	3	0	0	6	14	2	0	0	0	7	3	1
Oct-21	14	0	2	1	1	0	8	14	7	0	0	1	11	5	7
Nov-21	4	0	3	4	0	0	4	19	5	0	1	0	17	1	1
Dec-21	5	0	0	0	0	0	3	7	2	2	0	0	26	1	2
Jan-22	10	2	0	2	0	0	1	7	5	0	1	0	14	1	0
Feb-22	4	5	1	0	0	0	3	16	0	0	0	0	11	2	2
Mar-22	6	0	1	5	0	0	2	10	2	0	0	0	12	4	0
<b>Total</b>	<b>66</b>	<b>8</b>	<b>17</b>	<b>17</b>	<b>4</b>	<b>8</b>	<b>51</b>	<b>182</b>	<b>29</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>154</b>	<b>34</b>	<b>20</b>

We have seen a sharp rise in the number of exception reports this year. Our impression is that during 2020/21 junior doctors used the exception reporting process less and we are now returning to the sort of numbers we expect to see.

Exception Reports by Grade - Apr 21 to Mar 22



Exception Reports by Type - Apr 21 to Mar 22



What is not apparent from the graphs is the increased detail we are seeing in exception reports which indicate to us that our junior doctor workforce is not just utilising the system but regards it as a way of highlighting important issues in the workplace and in particular immediate safety concerns.

**The following are anonymised extracts:**

### Example 1

*Stayed late at work left at 21.30. Busy on-call shift covering \*\*\* wards with unwell patients on \*\*\* (requiring senior input for a different patient). Plus complications for post op patient and chasing investigations handed over by day teams. Additional tasks out of hours- asked by nursing staff to complete discharge and e-dans out of hours for elective day case procedure patients on \*\*\* not completed at time of theatre.*

*Steps taken to resolve matters*

*Escalated to seniors who were unfortunately busy in \*\*\* and unable to help on ward. Escalated unwell patient to another senior - who reviewed patient. Handed over any outstanding tasks to night doctor. I did complete the edans but had to stay late to document evening's events.*

### Example 2

*1hr 30mins overtime due to high clinical workload- several patients still to be clerked and reviewed by other doctors working after 5pm. Several members of staff (including consultant) stayed beyond intended finish times to ensure safe care delivered to the 18 patients seen on the \*\*\* (with 12 of these still present at 1730 with medical jobs outstanding and 2 still yet to be clerked).*

*Steps taken to resolve*

*SpR and Consultant at the time aware of situation- a number of non-urgent tasks deferred on to next week 2) Huddle with the team to allocate remaining tasks to triage whether safe to hand tasks over 3) I have only claimed 90mins/120mins as I accept that 30mins of the work I completed after 1730 is likely to have been my choice to remain in order that I did not leave for the weekend feeling frustrated not to have provided excellent clinical care, however I feel much of the extra time was unavoidable in this situation.*

### Example 3

*Many Jobs from ward round which required immediate action not done. Very long jobs list produced and was not possible to finish all jobs. This was further delayed by PPM+ going down for two hours during the morning. In addition CT scan needed reviewing by a senior in theatre, difficult to find senior to review scan.*

The two major reporting specialities are Trauma & Orthopaedics and Medical Oncology. It is fair to say that the greatest number of our reports that are a cause for concern come from the most junior doctors within the surgical specialities. The majority of exception reports in AMS are from junior doctors working in surgery. This brings the total reports between AMS and T&O to 210.

### Reports from AMS and T&O

The themes from these reports are as follows:

1. Unsustainable workload for Foundation doctors. This is often made worse by gaps in the rota and doctors being responsible for patients scattered across many wards.
2. Inability to leave at the end of the shift as the junior doctor has too many jobs to handover. There is often an impact on this by the organisation of ward rounds and resources available to complete the tasks generated by a ward round within the working day.
3. Junior doctors in Surgery being responsible for multiple post-operative patients with acute medical conditions as well as pre-existing co-morbidities. The exception reports highlight the difficulties junior doctors can experience gaining senior advice.

### Actions

When we became aware of the significant patterns arising in exception reports from surgical specialities we immediately highlighted this to Lead Clinicians and Training Leads. The Director of Postgraduate Medical Education has been very involved in our concerns from the start.

We have met with the junior doctors from the specialities concerned and their discussions echo the exception reports.

Efforts are underway to improve support for the Foundation doctors which may ultimately come from the overseas medical graduate work stream. Redeployment of nurse practitioners is often impractical as they are already allocated tasks.

Support with administrative tasks such as EDANs and access to better IT facilities are another area we have highlighted.

Our most significant concerns lie with the support for Foundation doctors on the wards when dealing with ill patients and the majority of our safety concerns (see below) arise from this type of situation. The Clinical Leads and trainers share our concerns. Higher trainees are

often busy in theatre or clinic but we are all of the same mind that immediate support must be made available.

### **Reports from Medical Oncology**

The significant number of reports we have received from trainees in this speciality largely involves staying late to complete tasks and frequently missing meal breaks. We have met on several occasions with the Consultants who supervise the lower trainees in Medical Oncology who are committed to improving conditions. The situation has undoubtedly been worsened by the number of doctors moving to Less Than Full Time Training for health reasons which has greatly increased in the last 6 months.

The Consultants have produced a recent document detailing the problems with their current inadequate workforce alongside an increasing number of patients presenting. They clearly document the impact this is having on recruitment and training.

### **Safety Concerns**

We have had 25 immediate safety concerns reported in the last 12 months. We analyse all of these in detail. Analysis of each of these reports does show that in the majority of cases the junior doctor had wanted to raise concerns regarding safety there had been no actual compromise of patient safety. In line with our process immediate safety concerns are escalated to the Director of Postgraduate Medical Education who can then discuss the report with Clinical Leads and Risk Management if appropriate. The themes within these immediate safety concerns are broadly:

1. Excessive workload for a single doctor
2. Being responsible for a number of unwell patients simultaneously
3. Multiple tasks that require urgent attention and are time sensitive for patient care.
4. Confusion over escalation pathways particularly for inpatients with multi system disease.

### **Work Schedule Reviews**

There have been no work schedule reviews undertaken. The Guardians have liaised with the Deployment team where exception reports have suggested that rotas need to be reviewed. This has resulted in a full rota review rather than individual work schedule reviews.

### **Breaches**

We have had a small number of isolated breaches of our rotas. These relate to individual situations where a doctor has remained working for excessive hours which has resulted in a breach. Reviewing the circumstances they are essentially unavoidable.

Fortunately there is sufficient head room in the majority of our rotas which means that even the extra hours reported by juniors in exception reports do not result in a breach of the 48

hour week rule. However as previously we are aware that if all juniors' exception reported their overtime consistently most rotas would breach on a regular basis.

### **Junior Doctor Forum**

The purpose of the Junior Doctor Forum (JDF) is to provide junior doctors with an opportunity to feedback regarding the embedding of the new contract and in particular the spending of fine money from breaches.

We continue to arrange virtual Junior Doctor Forum meetings which are well attended by seniors but unfortunately less well attended by junior doctors. We are sympathetic that this often is a last minute decision beyond their control as many really do want to attend. When junior doctors do attend their contribution is very valuable. We would like to raise two of the areas they have discussed their concerns over:

- The first relates to the loss of face to face teaching in larger groups which they are finding particularly difficult as they are missing the contact with trainers. Many find it difficult to access virtual teaching something which we know Medical Education are working with. We are hopeful that as restrictions are lifted face to face teaching will return safely as there is no doubt its absence has been a significant contribution to decline in wellbeing.
- We also heard many accounts of how low the morale among junior doctors is currently. Clearly the excessive workload which has been felt throughout the Trust is one contributor. However many junior doctors are feeling an uncertainty about their careers which at times has been shared with us as a wish to leave the profession.

### **Junior Doctor Wellbeing Champions**

In July 2021 we held a presentation day for our junior doctor Wellbeing Champions. This was well attended and it was encouraging to see how they had developed their ideas and projects over the 12 months. Their projects have included:

- A Junior Doctors Handbook which will be in print this summer which details facilities and resources available to help junior doctors joining the Trust.
- Surveys of junior doctors awareness of what support is available to them to help through difficult times. Results showed a definite lack of awareness which encouraged the champions to produce information packets and posters which were distributed around the Trust.
- A review of rest facilities available across the Trust which has made us aware of the on-going need for a Junior Doctor Mess or rest facility on each site.

In November 2021 we were pleased to welcome a new cohort of 13 Wellbeing Champions from a spread of specialities. They have attended an induction day and are now concentrating on new projects or are continuing projects from last year's group. They will

receive mentoring training next month as many are keen to be more active in supporting colleagues.

Interestingly their projects mainly centre on supporting junior doctors who are feeling isolated and would like more social contact from work. Initiatives include yoga classes and opportunities for juniors to get together out of work.

There is also a strong appetite to look at the Trust Induction and to provide suggestions which might tailor it more to the needs of our juniors.

### **Summary**

As we have entered the second year of the pandemic there has clearly been a toll on our junior doctor workforce. Departments continue to experience high workloads much of it not directly due to COVID cases. Given the pressures on the NHS with regard to waiting lists this is likely to continue.

Rota gaps due to illness and isolation have compounded workloads especially for our youngest doctors. Our current Foundation Year cohort have only experienced working during a pandemic and not surprisingly this is having a significant effect on morale.

The situations we have seen highlighted in exception reports make uncomfortable reading. We are very conscious that many people are working hard to address the issues and we are grateful for the engagement particularly of Clinical and Training Leads in surgery.

The two Consultants who manage the Medical Oncology junior doctors are an exemplar of the high level of commitment many senior doctors within the Trust are demonstrating.

Our role remains as described by the Junior Doctors Contract. We are required to highlight short comings reflected in exception reports and ensure those are escalated appropriately. We will continue to do our best to support juniors and would welcome any thoughts the Board may have.

Going forward, we feel there is strong need to plan to support our doctors as we emerge from the pandemic. For our most junior doctors, the only working experience they have had will be the last 2 years which have undoubtedly been very hard. For our more experienced trainees, there will have been a significant impact on their training which needs to be addressed in the near future.

We would like to suggest some initiatives which we think may improve morale and wellbeing when we meet you in person. These will focus on:

- Improving senior support for our most junior doctors with complex patients
- Ensuring that IT support and ward processes are as streamlined as possible to improve efficiency
- Some suggestions to improve morale for our junior doctor workforce

**Dr Ros Roden and Miss Louise Buchanan**  
**Guardians of Safeworking**  
**19th May 2022**