

Meeting Title:	Workforce and Education Committee		
Date:	01/06/2017	Agenda No	
Report Title:	Guardian of Safe Working Quarterly Report		
Lead Director/ Manager:	Professor Andrew Rhodes		
Report Author:	Dr Sunil Dasan, Guardian of Safe Working		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	<p>The Guardian of Safe Working's second quarterly report summarises progress in providing assurance that doctors are safely rostered and work hours that are safe.</p> <p>238 trainees are now employed on the 2016 TCS. The number of exception reports in General Surgery has reduced from the last quarter. Exception reporting in Medicine has increased with the risk of breaches in working time limits</p> <p>There is currently no robust data available on rota gaps related to unfilled shifts</p>		
Recommendation:	The Trust Board are asked to note the lack of robust data on rota gaps and decide on an electronic mechanism whereby data on unfilled shifts are collated and reported in a robust manner		
Supports			
Trust Strategic Objective:	Ensure the Trust has an unwavering focus on all measures of quality and safety, and patient experience.		
CQC Theme:	Safe		
Single Oversight Framework Theme:	Quality of Care		
Implications			
Risk:	<p>Lack of robust systems to collect data on rota gaps risks lack of oversight of areas where doctors working hours may be unsafe</p> <p>Current rosters in Medicine may be unsustainable and risk fines being levied</p>		
Legal/Regulatory:	Compliance with the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016		
Resources:	<p>Additional time in job plans for educational and clinical supervisors may be required to ensure exception reports are dealt with in a timely manner.</p> <p>Lack of timely resolution of exception reports may result in overtime payments</p>		
Previously Considered by:	None	Date	19/05/2017
Equality Impact Assessment:	N/A		
Appendices:	None		

Guardian of Safe Working Report
Workforce and Education Committee 01/06/2017

1.0 PURPOSE

- 1.1 This paper provides assurance to the Board on progress being made to ensure that doctors' working hours are safe
- 1.2 This report asks the board to consider the issue of rota gaps and how robust data on unfilled shifts can be collated and reported

2.0 BACKGROUND

- 2.1 The 2016 Terms and Conditions of Service (TCS) for Doctors in Training have been implemented at St George's in line with the national timeline. To date 238 trainees are employed on the TCS with the remaining 262 due to transfer by October 2017.
- 2.2 The Guardian of Safe Working's first quarterly report (covering the period from October – January 2017) detailed the 115 exception episodes where working hours or breaks were outside the agreed work schedules. This triggered one fine in General Surgery for a breach of the 72 hour working time limit and reviews of work schedules in four specialties. These work schedule reviews have now concluded.
- 2.3 The Guardian of Safe Working has continued to monitor exception reports from trainees and the results for the last four months are presented in this, the second quarterly report

3.0 ANALYSIS

- 3.1 86 exception episodes were reported in the period 18 January 2017 – 17 May 2017 by the 238 trainees on the 2016 TCS. This compared with 115 exception episodes from the 50 trainees on the 2016 TCS during the last quarter as part of the phased implementation.
- 3.2 This reflects a reduction in reporting in General Surgery. In Medicine, there has been an increase in reporting. As many of the medical rotas have an average working week of over 47 hours, there is risk that a lack of timely time off in lieu will trigger a breach of the 48 hour working time limit over the forthcoming few weeks and thus incur a fine.
- 3.3 Four breaches of the 13 hour shift length limit occurred in Obstetrics & Gynaecology, however no fines were incurred. There has been no reporting from other doctors in the surgical specialties or paediatrics /neonates
- 3.4 A small number of reports highlighted missed breaks. The Guardian of Safe Working has been working with a team from Guy's & St Thomas's NHSFT to promote the HALT campaign at St George's. This campaign encourages staff to take breaks to promote wellbeing and prevent safety incidents related to overworking. This has been rolled out at medical inductions since April and via a newsletter to all trainees and supervisors
- 3.5 Issues persist with Educational and Clinical supervisors failing to complete exception reports in a timely manner. IT compatibility issues, lack of Educational supervisor time and unfamiliarity with the system have all contributed to this. An agreement was reached with the Medical Director and Divisional Chairs to deal with the exception report backlog. It was agreed that overtime payments would be made for all overdue exception reports submitted before 1 April 2017

- 3.6 Robust data on unfilled shifts has been unavailable since the implementation of the TCS. A list of current medical vacancies is shown in Appendix A.

4.0 IMPLICATIONS

Risks

- 4.1 The lack of timely time off in lieu in Medicine may result in working hours limits being breached and fines being incurred
- 4.2 The lack of data on rota gaps due to unfilled shifts risks a lack of oversight of areas where doctors working hours may be unsafe

Legal Regulatory

- 4.3 Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

Resources

- 4.4 Personalising work schedules, resolving exception reports and performing work schedule reviews are additional tasks for educational and clinical supervisors which will need further consideration in their job plans.
- 4.5 Funding for overtime payments represents a cost pressure. Lack of timely resolution of exception reports is currently being escalated through divisional chairs. If this escalation fails to ensure timely completion of reports, then overtime payments will be necessary

5.0 NEXT STEPS

- 5.1 To work with General Medicine to ensure timely time off in lieu in order to prevent a working hours breach and a fine
- 5.2 To trial a system of positive reporting to manually collect data on rota gaps from June 2017
- 5.3 To continue with roll out of HALT campaign

6.0 RECOMMENDATION

- 6.1 The Board are asked to note the lack of robust data on rota gaps and decide on an electronic mechanism whereby data on unfilled shifts are collated and reported in a robust manner

Author: Dr Sunil Dasan
Date: 19/05/2017

Current Medical Vacancies (as of 18/05/2017)

Specialty	Grade	Number of Vacancies
Respiratory	FY2	1
Gastro-Hepatology	ST3+	1
Heart Failure	Clinical Fellow	1
Renal Medicine	Clinical Fellow	1
Vascular	Clinical Fellow	1
Vascular	ST1/2	1
ENT	ST3	1
Cardiac/Neuro Anaesthetics	ST3 LTFT	1
Cardiac/Neuro Anaesthetics	ST3	1
General/Vascular/H&N Anaes	ST3 LTFT	1
Paediatric Anaesthetics	ST3	1
PICU	ST3	4
Academic unit /Upper GI Surgery	ST3	1
Vascular Surgery	ST3	1
Maxillofacial Surgery	ST3	1
Trauma & Orthopaedics	ST3+	1
Neurosurgery	ST1/2	1
GUM	Associate Specialist	1
Obstetrics & Gynaecology	Clinical Fellow ST1/2	1
Paediatric Neurosurgery	Clinical Fellow ST1-3	1
Neonates	Trust Doctor ST4+	1
Radiology	Trainee	3
General ICU	Clinical Fellow ST3+	2
Cardiac Anaesthetics (Critical Care Rotation)	Clinical Fellow ST3+	1
Cardiac Anaesthetics	Clinical Fellow ST3+	1
Total		31

GP Trainees		*These posts may have been filled locally
Scheme	Specialty	Number of Vacancies
St George's	Emergency Medicine	1
	Neurosurgery	1
Bexley & Sidcup	Geriatric Medicine	1*
	Old Age Psychiatry	1*
	Emergency Medicine	1*
	Acute Internal Medicine	1*
Bromley	Obstetrics & Gynaecology	1*
	Emergency Medicine	1*
Croydon	Cancer Medicine	1*
	Geriatric Medicine	1*
	General Psychiatry	1*
Lewisham	Palliative Medicine	1*
	General Medicine	1*
Greenwich	Paediatrics	1*
	General Psychiatry	2*
Guys & St Thomas'	Emergency Medicine	1*
	GUM	1*
King's	Geriatric Medicine	1*
	Acute Internal Medicine	1*

	General Surgery	1*
	Paediatrics	2*
Kingston & Roehampton		0
St Helier	Acute Internal Medicine	1*
	Geriatric Medicine	1*
Total		25