St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Workforce and Education Committee		
Date:	28/03/2019	**Agenda No**	
Report Title:	Guardian of Safe Working Report		
Lead Director/ Manager:	Dr Richard Jennings		
Report Author:	Dr Serena Haywood, 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:	This paper summarises progress in providing assurance that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Rota gaps have reduced to 45 with active recruitment in most departments. However, trainee doctors continue to submit reports with 87 exceptions related to working hours /conditions in this busy, winter pressure quarter (56 in last quarter) with immediate safety concerns raised by cardiology trainees. Fine money disbursement has begun following a survey of the JDF with a contribution of £5000 to the Trust's subscription to UptoDate, £1000 for food on call and £1000 for a positivity/kindness award. The GOSW is supporting a survey of the BMA Fatigue charter compliance.		
Recommendation:	The Trust Board is asked to receive and note the Guardian of Safe Working's report and act to prevent any further working time breaches		
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:	Failure to ensure doctors are safely rostered and enabled to work hours that are safe risks patient safety and the safety of the doctor. Failure to ensure doctors are safely rostered and enabled to work hours that are safe risks overtime payments and fines being levied		
Legal/Regulatory:	Compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016		
Resources:	Funding for overtime payments, fines and service changes arising from work schedule reviews Additional PA allocation in consultant job plans for time taken to personalise work schedules, resolve exception reports and perform work schedule reviews Administrative support for the role of Guardian		
Previously Considered by:	None	**Date**	28/03/2019

Equality Impact Assessment:	N/A
Appendices:	A, B

Guardian of Safe Working Report
Workforce and Education Committee 03/02/2019

1.0 PURPOSE

1.1 This paper provides assurance to the Board on the progress being made to ensure that junior (aka trainee) doctors' working hours are safe and to highlight all fines and work schedule reviews relating to safe working hours.

1.2 This report also includes information on all rota gaps on all shifts

2.0 BACKGROUND

2.1 The Guardian of Safe Working is a senior appointment made jointly by the Trust and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or Trust and provides assurance to the Board that doctors' working hours are safe.

2.2 As the Trust is the Lead Employer Organisation for General Practice training across South London the Guardian will receive reports for all of the doctors under its employment from Guardians in host organisations.

2.3 The Guardian reports to the Board through the Workforce and Education Committee of the Board, as follows:

i. The Workforce and Education Committee will receive a *Guardian of Safe Working Report* no less than once per quarter on all work schedule reviews relating to safe working hours. This report will also include data on all rota gaps on all shifts. The report will also be provided to the LNC.
ii. A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps will be included in a statement in the Trust's Quality Account, which must be signed off by the Trust chief executive. This report will also be provided to the LNC.
iii. Where the Guardian has escalated issues in relation to working hours, raised in exception reports, to the relevant executive director, for decision and action, and where these have not been addressed at departmental level and the issue remains unresolved, the Guardian will submit an exceptional report to the next meeting of the Board.
iv. The Board is responsible for providing annual reports to external bodies, including Health Education South London, Care Quality Commission, General Medical Council and General Dental Council.

2.4 There may be circumstances where the Guardian identifies that certain posts have issues that cannot be remedied locally, and require a system-wide solution. Where such issues are identified, the Guardian will inform the Board. The Board will raise the system-wide issue with partner organisations (e.g. Health Education England, NHS England, NHS Improvement) to find a solution.

2.5 The Guardian is accountable to the Board. Where there are concerns regarding the performance of the guardian, the BMA or other recognised trade union, or the Junior Doctors

Forum will raise those concerns with the Trust Medical Director. These concerns can be escalated to the senior independent director on the Board where they are not properly addressed or resolved. The Senior Independent director is a Non-executive director appointed by the Board to whom concerns regarding the performance of the Guardian of Safe Working hours can be escalated where they are not properly resolved through the usual channels.

3.0 ANALYSIS

3.1. Fines

No fines were levied from 1st January 2019- 31st March 2019

3.2. Exception Reports

87 exception episodes have been reported in the period 1st Jan 2019-31st March 2019 (115 were reported in the previous quarter, only 56 eligible) on the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Only 4 were excluded on the basis of being reported outside of the 14 day period which followed a Guardian Update reminding doctors of the limitation for reporting times. St George's is the lead employer of GP trainees across South London and 2 exception episodes have been reported by this cohort of doctors in training and a rota for this doctor has been requested.

3.3 The Breakdown was as follows

Division	Number of exceptions	Breakdown
Medicine and Cardiovascular	63	17 Acute Medicine 3 AMU 2 Endocrinology 7 neurology 18 Respiratory 8 cardiology 0 ED
Children's, Women's, Diagnostics and Therapeutics	11	0 Obstetrics and gynaecology 0 Paediatrics 11 Neonatal medicine 9 Paediatric surgery

Surgery, Theatres, Neurosciences and Cancer	11	4 were general surgery 5 were vascular surgery 2 Plastic Surgery 0 urology 0 ENT 0 Renal transplantation 0 neurosurgery 0 Trauma and orthopaedics 0 Cardiothoracic surgery
Community	0	0QMH rehab 0 psychiatry

3.4 A further breakdown shows:
All but 2 related to working hours /conditions. The missed training opportunity was discussed with the DME.
Full details available in **Appendix A**

3.5 Work schedule reviews
One work schedule was carried out for cardiology in response to a immediate safety concern raised by a ST1-2 on the 7th January 2019. The GOSW responded within 24 hours and met the doctors concerned at the departmental leads on the 28th of January.

Cardiology Staffing at the time of the report
The trainee rota at ST1-2 level is a seven person rota . There have been vacancies leading to gaps in the trainee doctors' rota. At the time of the Immediate Safety Concern it was as follows.
Current medical Vacancies at of 30/01/2019

Speciality	**Grade**	**Expected (as per Allocate)**	**Number of Trainees**	**Number of Trust doctors**	**Jan-19**	GAPS	Notes
Cardiology	ST1-2	**7**	4	3	5	2	Interview 23/01- now appointed

Cardiology	ST3+	**13**	11	2	11	2	2 x offered posts – now appointed

All but one of the posts has now been recruited where a locum post has been advertised but none could be filled within the NHS tariff limit.

Response to Concerns Raised by Educational Supervisor

Dr Rob Ray, educational supervisor met with the junior doctor team on 8th February following a further exception report raised by her on the 7th February as *"there were two unwell patients - one of whom had to go to CCU around 5.30pm and had to be handed over/discussed with ICU. SPR delayed on outlying wards and CCU. (The) Issue is not staying late but the pressure of the work during the day".*

His (abridged) response was: *.. I have discussed the above (specific work allocation and staff available) with the link SpR and suggested that that allocation of junior staff was disproportionate yesterday with 3 members of the team on the outlier wards and only Dr x on Belgrave with more patients and support from two separate people in the morning and afternoon. In hindsight, one of the PAs should have been allocated to Belgrave for continuity and because there were more patients. We also have two new staff. In situations when a patient becomes unwell, the link SpR should be available to help and the CCU SHO. On balance, there were enough staff present but incorrectly distributed within cardiology. I have spoken to the link SpR and all the remaining staff regarding appropriate allocation of staff across the wards. We are very much aware of the pressures currently on the ward. We currently have one gap on the SHO rota which will be filled by Feb 19th (J). We have been out to locum to fill this gap but there have been no applicants within the tariff/hourly rate agreed by the Trust. We have taken over most of the cardiothoracic patients on Ben Weir ward and the workload has gone up without any increase in staffing. We have a business case in preparation for 2 Physician associates that is in progress which Dr Williams is directing and the department has been continuously seeking locums to cover the current remaining gap in the junior doctor rota. I have asked all 3 CMTs, to get involved in preparation of this business case, and contribute to the contents although still waiting to hear back whether they would like to participate. We have had a full review and de-brief so that all consultants are aware of the current situation. I agree for time off in lieu (TOIL) if that is acceptable.*

Work Schedule Review

The GOSW carried out the Work Schedule review for the ST1-2 posts on the 13th February given that a considerable amount of work had already taken place by the educational supervisors and trainee doctors and the 7 days recommended for this process was exceeded. The ST1-2 rota and personalised work schedules are identical.

The 7 person rota is very 'tight' in terms of hours. Essentially, of the 48 hour maximum hours per week allowed within the Terms and Conditions, 47.5 hours are already rotaed. Given that the 7th person is not yet part of the rota, the possibility of reducing the rota to a six person one was explored. This would almost certainly breach the 48 hour maximum. This *may* be acceptable to the trainees but was not been presented to them more hours would have to be agreed to work, not recommended given that the workload has been highlighted as the significant problem. No schedule changes made as this could potentially further compromise safety of the patients and wellbeing of the doctors.

The way forward

The Guardian commended Drs x and y for their prompt reporting of their excess workload and hours and hoped they have been able to access breaks, training and good rest between shifts and encouraged discussing with their educational supervisors and indeed Dr Round, the Director of Medical Education to ensure that creative ideas to ensure training is on track are acted on and directed the doctors to Staff Counselling or Occupational Health if they feel their wellbeing has been affected.

Senior members of the cardiology team were also commended for their open and honest communication with the GOSW, their trainees and consultant colleagues as highlighted in Dr Ray's report. The vacancies were successfully filled and communication with the team continued with joint meetings with the GOSW offered. A business case for an additional 2 physician associates is being drawn up and it is encouraging to see the core medical trainees have been encouraged to become involved in preparation of this case. It was suggested that given that the distribution of staff was highlighted as one of the difficulties, that this discussion is held at handover every morning and that the senior staff adopt a very flexible approach to covering and supporting the junior staff either by redeploying PA or other clinicians if an areas becomes busy in consultation with the trainees. Perhaps there might be a SPR, consultant or fellow whose job it is on a daily basis (particularly during the winter months) to check in with trainees and reallocate staff to areas according to need where possible

3.6 Rota gaps

Rota gap information is shown in Appendix B. This lists vacant trainee, clinical fellow and trust doctor posts across St George's. This does not include vacant physician assistant or other advanced practitioner posts. This data shows that there are **45** vacancies across St George's from 624 posts which remains similar to other vacancy levels but a significant decrease from the 69 reported in March 2018.

3.7 Junior Doctor Forum

The Junior Doctor Forum (JDF) continues to meet monthly. The venue has been changed to the Mess which improved attendance. A survey revealed the preferred spending of the £9,322.49 accrued fine monies. Thus far this has included contribution of £5000 to the Trust's subscription to UptoDate, £1000 for food on call and £1000 for a positivity/kindness award. The GOSW is supporting a survey of the BMA Fatigue charter compliance as another £1000 is planned to be spent on supporting rest.

4.0 IMPLICATIONS

4.1 Risks

There is a risk that the significant reduction in exception reporting reflects a poor reporting culture due to pressure not to exception report rather than an actual improvement in rotas. This has been highlighted in discussions with the F1 and F2 representatives and the college rep for anaesthetics. A culture of fear of reporting as it would adversely affect career progression is still anecdotally mentioned. The new GMC trainee survey is awaited. The GOSW talk in induction aims to dispel this myth.

Doctors are regularly working outside of work schedules in General Surgery, Acute Medicine, and Neonatal Medicine (specifically the post natal wards). Time off in lieu and/or overtime payments will be required (and in many cases already granted or paid) unless service changes are made to reduce doctors working hours. Moves have already been made to change the way doctors are supported and work in neonatal medicine. An update is expected.

In good news, there have been no further reports from gastroenterology where rota gaps have now been filled.

4.2 Legal Regulatory

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

4.3 Resources -cost pressures from fines
Funding for overtime payments represents a cost pressure. Following work schedule reviews, additional staff may be required to bring doctors working hours into safe limits and to bring their hours into line with their work schedules. If actual working hours cannot be brought into line with work schedules, then basic pay for staff may need to increase. This represents a further cost pressure. Lastly, fines may be levied if unsafe working practices continue.

4.4 **Resources – educational supervision**

Educational supervisors require the 0.25 PA allocated in their job plans per trainee and new job planning needs to take this into account. Personalising work schedules, resolving exception reports and performing work schedule reviews are additional tasks for educational and clinical supervisors. Over 50% of exception reports continue to breach the 7 day timescale for resolution by supervisors. Education is provided by Claire Houghton (GOSW admin support) to the educational supervisors and the majority of exception reports have note from the GOSW to encourage swift resolution. This also means that the trainee can be offered TOIL wherever possible as close to the exception as possible.

5.0 NEXT STEPS

5.1 Supporting trainees to exception report
The previous GMC F1 survey were anonymous so no direct action can be taken but the Guardian will run more training with the trainees on exception reporting and liaise with educational supervisors about enabling trainees to report. The GMC Regional Liaison Advisors have offered to support this.

5.2 Cardiology
Ongoing liaison with cardiology, medicine and surgery to track how rota gaps are being filled and that trainees are also getting the education and rest they are entitled to (see above).

6.0 RECOMMENDATIONS

6.1 The Board are asked to note this report and consider the costs associated with overtime payments and fines and the potential future costs and service changes associated with the outcomes of any future work schedule reviews so it is in everyone's interests that departments monitor closely the working pattern of their trainees.

6.2 The Board are asked to consider the issue of rota gaps due to medical vacancies and strategies to address these ahead of the guardian's next report in July 2019.

6.3 The Board are asked to continue to consider the additional activities for educational and clinical supervisors and the impact on the current round of consultant job planning.

6.4 The Board is reminded that changes in one department can affect the running of another and this has implications for trainees.

Author: Dr Serena Haywood Date: 28/03/2019

APPENDIX A

Summary of exception reports by specialty
1st November 2018-31st March 2019

General Surgery (Upper & Lower GI surgery, excluding Transplant surgery)

9 exception reports between two F1 trainees
4 were general surgery
5 were vascular surgery
2 for plastics
All were workload with the longest being 2.5 hours with the exception of the plastics which was for a missed mandatory training session due to an overrunning clinic
Comments included; "Came into work early and minimal lunch break. Staffing cover reduced due to only 1 physicians associate on ward and SHO on nights".
"Registrar had emergency surgery to perform & multiple referrals from other hospitals & A+E to handle near to the end of the day so I assisted in referrals & out of hours ward jobs"
"Low staffing on general surgical on-call - No WARD registrar; resulting in back log of tasks and having to do the SHO role"
Mostly overtime was paid as TOIL was not possible

There were no fines levied nor work schedule reviews

General Medicine (Acute Medicine, Cardiology, Senior Health, Gastroenterology, Respiratory Medicine).

There was a total of 63 exception reports – mostly at F1 level
17 – general medicine (10 from F2, 2 core trainees)
18 – respiratory
3 – AMU
8 Cardiology - all St1-2 included 2 immediate safety concern reports
7 neurology all core trainee
All workload except one working a bank holiday on a zero day and one workload/education as was unable to present an audit at a different hospital
Time worked extra varied 0.45- 4 hours

Comments included;
"Understaffed on the ward. Consultant led ward round finished at 3:50pm"
"no tto's or dcs have been done for patients due to previous high work load"
"staff sickness, ward was understaffed"
"numerous sick and complex patients on my side of the ward. delegated to other members of the team what I could"
"Worked late. Firstly late as covering outliers and helping on the ward with short staffing. Then contacted by ward team for outlier very late that patient can go home. Needing meds changed"
"Worked efficiently throughout the day. Could not do meds earlier as due to be changed after speciality review"
"Stayed later to ensure jobs done. Team aware of lack of doctors on ward during to rota staffing this week."
"Insufficient time and staffing to meet jobs list requirements before 5pm stayed later to ensure jobs met and patient safety not compromised"

"Large outlier list meant that SHO supposed to be did separate outlier ward round and jobs list. Large number of jobs generate on ward for female patients, not enough Drs to do jobs within normal shift hours, had to stay late to ensure patient jobs safely done."

Steps taken to resolve;
"Ward team aware of rota difficulties and outlier list burden for already busy ward doctors."
"We again did the end of day board round as a team, dividing things up and doing jobs as we went. However there were unexpected complications e.g. sick outpatient, patient withdrawing consent for surgery late in the day, which we couldn't have predicted and added significantly to the workload towards the end of the day".
"Busy shift due to late influx of new patients, who were also extremely poorly. Should be given time off, but if not possible due to rota gaps, should receive compensation"

One work schedule review. See above.

Paediatrics

11 neonates – all neonatal of which 3 were core trainee
Time 1-3 hours - all workload and senior support on postnatal ward.
A consultant meeting has taken place

General Practice
2 from one trainee -
SELDOC allocating shifts very late (only 7 days before working them) and so practice manager did not allocate TOIL for these shifts before completing GP placement. 10hours of TOIL was not allocated before they left the placement. A rota has been requested

Appendix B
Current medical Vacancies at of 30/01/2019

Speciality	Grade	Expected (as per allocate)	Number of Trainees	Number of Trust doctors	Mar-19	GAPS	Notes
Renal Medicine	F2/ST1/2	**6**	6	0	5	1	
Renal Medicine	ST3+	**6**	6	0	4	2	
Renal Surgery	All	**5**	2	3	4	1	
Emergency Med	F2	**14**	14	0	14	0	
Emergency Med	CT3	**10**	7	3	9	1	
Emergency Med	GP	**10**	6	4	10	0	
Emergency Med	ST4+	**10**	9	1	9	1	
Emergency Med	CF	**15**	0	15	14	1	
Cardiology	ST1-2	**7**	4	3	6	1	

Cardiology	ST3+	**13**	11	2	10	3	
Oncology	ST1-2	**4**	4	0	3	1	
Oncology	ST3+	**5**	4	1	4	1	
Haematology	st1-2	**2**	2	0	1	1	
Haematology	ST3+	**8**	7	1	8	0	
Acute / Gen Medicine	F1/F2	**19**	19	0	19	0	
Acute Medicine	ST1-2	**15**	11	4	15	0	
Acute Medicine	ST3+	**20**	15	5	20	0	
General Medicine	F2 ST1-2 (CMT's)	**27**	21	6	26	1	1 resp, 4 care of elderly
General Medicine	ST3+	**12**	12	0	8	4	
Cardiac Surgery	F2/ ST1-2	**6**	6	0	5	1	
Cardiac Surgery	ST3+	**8**	0	8	5	3	
Thoracic Surgery	ST3+	**4**	3	1	2	2	
Dermatology	ST3+	**6**	3	3	6	0	
Microbiology/ID	ST3+	**11**	11	0	11	0	
Palliative Medicine	F1	**1**	1	0	1	0	
Vascular Surgery	F2	**1**	1	0	1	0	
Vascular Surgery	ST3+	**6**	2	4	5	1	
Total		**251**	**187**	**64**	225	26	

			GAPS	
Speciality	**Grade**	**Expected (as per allocate)**	GAPS	Notes
Adult Critical Care	F1	3	0	
Adult Critical Care	F2/ST1/2	**39**	2	
Adult Critical Care	ST3+	**24**	1	
GUM	F1	**1**	0	
O&G	F1	**2**	0	
O&G	ST1-2	**3**	0	
O&G	ST3+	**16**	0	
O&G	CF	**10**	0	
Neonates	F1	**1**	0	
Neonates	ST1-3	**11**	0	
Neonates	ST4+	**9**	0	
Paed Surgery	ST3+	**7**	0	
Paeds General	F1	**2**	0	
Paeds General	ST1-2	15	0	
Paeds General	ST4+	**9**	0	

Psychiatry	F1	**2**	0	
Radiology	ST1	**5**	0	
Radiology	ST2-3	**12**	0	
Radiology	ST4+	**22**	2	2 x mat leave / in shortlisting
Total		**190**	**5**	

GP Trainees

Scheme	**Specialty**	**Vacancies MAR-19**
St George's	Emergency Medicine	3
	Neurology	2
	Paeds	1
Bromley	Obs & Gynae	1
	Emergency Medicine	1
King's	Emergency Medicine	1
Kingston	Paeds	1
	Psychiatry	1
GSTT	GIM - Diabetes (2) / Frailty (2)	0
	Genito-urinary Medicine	1
Greenwich	Emergency Medicine	0
	Paediatrics	0
	GP Practice	0
Lewisham	Urology	0
	Acute Internal Medicine	2
Croydon	Obstetrics & Gynaecology	0
	Emergency Medicine	0
Bexley&Sidcup	Emergency Medicine	1
	Obstetrics and Gynaecology	1
St Helier	Geriatric Medicine	0
	Acute Internal Medicine	0
	General Psychiatry	0
	Geriatric Medicine	0
	Cancer Medicine	0
	Emergency Medicine	1
TOTAL		17

Speciality	**Grade**	**Expected (as per allocate)**	**Number of Trainees**	**Number of Trust doctors**	**MAR-19**	**GAPS**	Notes
Neurosurgery	F2, ST1/2	**9**	0	9	7	2	

Neurosurgery	ST3+	**16**	7	9	16	0	
Neurology	ST1-2	**9**	5	4	9	0	
Neurology	ST3+	**16**	16	0	15	1	
General Surgery	F1	**9**	9	0	9	0	
General Surgery	ST1-2	**13**	11	2	11	2	Interviews on 25/10
General Surgery	ST3+	**12**	12	0	11	1	
Plastic Surgery	F2	**1**	1	0	1	0	
Plastic Surgery	ST1-2	**5**	5	0	5	0	
Plastic Surgery	ST3+	**11**	8	3	11	0	
MaxFax	ST1-2	**7**	4	3	7	0	
MaxFax	ST3+	5	5	0	5	0	
Ophthalmology	F1	1	1	0	1	0	
Urology	F2	**1**	1	0	1	1	
Urology	ST3+	**8**	4	4	8	0	
Anaesthetics (Gen)	ST3+	**8**	8	0	7	1	
Anaesthetics (N/C)	ST3+	**8**	6	2	8	0	
Anaesthetics (Obs)	ST3+	**8**	6	2	6	2	Out to advert
Anaesthetics (PICU)	ST3+	**8**	8	0	6	2	2 x interviews on 28/11
Anaesthetics	CT1-2	**2**	2	0	2	0	
ENT	ST1-2 / F2	8	6	2	7	1	1 x post out to advert
ENT	ST3+	7	7	0	7	0	
T&O	ST1-2	**2**	2	0	2	0	
T&O	ST3+	**16**	7	9	15	1	1 x offered post / awaiting start date
T&O	CF	**5**	0	5	5	0	
TOTAL		**195**	141	54	182	14	