St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Workforce and Education Committee		
Date:	10/06/2019	**Agenda No**	
Report Title:	Guardian of Safe Working Report – Quarter 1 2020/21		
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. There are 945 current training posts including gps in training and 175 trust or fellow doctors (who are included in the rota but not by the Doctor in Training Contract); total 1120. Rota gaps have increased to 78 having been 63 in the last quarter with 10% affecting medicine .There is active recruitment in most departments. However, trainee doctors continue to submit reports with 38 exceptions related to working hours /conditions in this quarter with 1 due to lack of opportunity to attend teaching and one lack of breaks. This is an expected drop from the busy winter months of the last two quarters with exceptions reports at 56 and 87. The GOSWH is supporting a survey of the BMA Fatigue charter compliance. Two immediate safety concerns were raised in cardiology, a returning to work surgical trainee had significant difficulty getting paid, work I surgical fellows (non-contract) are being evaluated by the surgical department as a reported incident reviewed frequent unpaid shifts which although not directly relating to the GOSWH scope of work was examined as affects work by contracted trainees. Cardiology trainees are currently being surveyed by PGME.		
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**	10/06/2019
Equality Impact Assessment:	N/A		
Appendices:	A, B		

Guardian of Safe Working Report
Workforce and Education Committee 13/06/2019

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. The Guardian also reports regularly to the GMC via local liason.

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

A fine is in process for general surgery for a F1 who was expected to work two 8 hour shifts on their zero days. A work schedule review is underway.

3.2. Exception Reports

38 exception episodes have been reported in the period 1st April 2019 to 30th June. All were eligible for review (50% in the previous quarter were not) which suggests the doctors are now comfortable with the process. Reporting is done according to the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. St George's is the lead employer of GP trainees across South London and no exception episodes have been reported by this cohort of doctors in training this quarter.

3.3 The Breakdown was as follows

Division	Number of exceptions	Breakdown
Medicine and Cardiovascular	33	21 Acute Medicine 8 gastroenterology 0 Endocrinology 0 neurology 0 Respiratory 2 cardiology 2 ED

Children's, Women's, Diagnostics and Therapeutics	1	0 Obstetrics and gynaecology 1 Paediatrics 0 Neonatal medicine 0 Paediatric surgery
Surgery, Theatres, Neurosciences and Cancer	4	4 general surgery 0 vascular surgery 0 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 cardiology CT2 trainee on the 30th April, 1st May 2019. The GoSWHH responded within 24 hours and met the doctor concerned at the departmental leads on the 5th May. The response was discussed with PGME (who in turn reported to HEE, see below), GMC liaison and Dr Richard Jennings. No fine was imposed as the doctor. Four of twenty training posts are currently vacant in cardiology. All the cardiology trainees are currently being surveyed by the PGME.

The response from the PGME to HEE is as follows

Trainee Comment	Was the Trust aware of this issue/concern ?	What action has been taken by the Trust to investigate this issue?	From the investigation undertaken has the Trust corroborated this concern?	What further action (if any) will now be taken? *Please include timescales and person responsible*	Any further comments?
Several patients are seen daily by junior doctors or physician associates. At best they are discussed with a registrar or consultant but they are infrequently seen by consultants.	**Yes. This was highlighted at the LFG meeting and escalated to the clinical lead.**	**1. Meetings with the guardian – Dr Serena Haywood and junior doctor representatives. 2. The clinical lead for cardiology, Dr Raj Sharma, has formally met with the interventional, electrophysiology and imaging consultants and job plans have been reviewed for regular consultant ward rounds to support training of junior doctors. We are looking at best model of ward provision 3. Dr Robin Ray, Head of Education, has met with the junior doctors.**	**Current issues reviewed by the Guardian, Dr Serena Haywood and by Cardiology Clinical lead, Dr Raj Sharma.**	**1. Daily morning consultant board review of all cardiology patients on all wards at 8.30 am (started 22 March) 2. Daily ward round by senior cardiology Link SpR (in place) 3. Minimum twice weekly consultant review as per consultant Job plan with 4 hours weekly (in place) 4. Meeting with the Guardian – Dr Serena Haywood – who has been updated of above plan**	**The department still has intermittent gaps in the junior doctor workforce despite going out to advert multiple times. The business plan for 2 physician associates and prescribing pharmacist is in progress to support the ward doctors. A further SpR post is going out to advert mid-May.**

The way forward

The GOSWH has discussed this situation with Dr Richard Jennings specifically as this was the second immediate safety concern incident, the first being in January 2019. The GoSWHH commended the trainee 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 supervisor to ensure that creative ideas to ensure training is on track are acted on and they were directed the doctors to Staff Counselling or Occupational Health if they feel their wellbeing has been affected. A survey of the trainees is being carried out by PGME.

3.6. Luminal (gut) surgery

a) A fine in the process of being levied for an F1 being expected to work on two zero days
b) Concerns have been raised in general about the work load and rota (see specific comments in Appendix 1) and specifically about the surgical fellows who although not under the care of the GOSWH an anonymous report via the Speak Up Guardian identified that surgical fellows were expected to carry out post-surgical rounds unpaid. A meeting was held with the division lead Mr Tunde Odutoye and a meeting will be taking place to evaluate this further. A contract akin to that for doctors in training is being developed for Trust doctors and fellows.

3.7. Concerns raised by gastroenterology and AMU trainees

The workload and staffing has been repeatedly raised as a concern by trainees (see Appendix A). The AMU trainees have reported acute stress and recommendations for support via occupational

health has been made by the GOSWH. The divisional leads have reported that they have redesigned the acute medicine rota, so that trainees are spending a block of time on AMU, and then having time in in their speciality. This should mean they are able to familiarise themselves better with the work in each area, and also it should provide them with better consistency in their training. In a meeting with the GOSWH, consideration of having both a luminal and Hepatology fellow is being considered. A prescribing pharmacist was very helpful to trainees in past months but is no longer available; Physician Associates (PAs) are not routinely employed as part of this service.

3.8 Trainee returning to work

A trainee returning to work has now been awarded hardship funding following confusion over her less than full-time (LTFT) pay. This was discussed by the GOSWH with HR and Dr Jennings and has now been resolved. The trainee had not been sure who to discuss this distressing situation with. HR support for those returning to work is being planned with HR.

3.9 GP trainee update

In Quarter Four of 2019, one trainee reported South-East London Doctors' Cooperative (SELDOC) allocating shifts very late (only 7 days before they were due to work) and so practice managers did not allocate time-off in lieu (TOIL) (10 hours) for these shifts before completing GP placement. This question was taken to Health Education England who has requested that the trainee take this TOIL in his next placement as SELDOC do not have a financial arrangement with St Georges. This has not yet been resolved.

3.10 Paediatric medicine (neonatology) update – good practice

Previous reports have shown trainees exception reporting for 'outlying' patients on the post natal ward feeling under supported and doing extra hours. An update from the trainers 'We try to keep an eye on what's happening and send in support early. We have also started ward rounds up there to pre-empt problems. There is also an issue about empowering trainees to do shorter more problem oriented reviews and not necessarily doing full reviews as you would on the Intensive Care Unit (ICU)/High Dependency Unit (HDU)/Special Care Baby Unit (SCBU).
We have also tried to support specific trainees with organisational skills. We also just listened to them and are trying to give them more nursery nurses and support midwifery communication so that the trainees are not interrupted all the time.' The GOSWH has shared this model with other departments.

3.11 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 78 vacancies across St George's which is a significant increase

3.12 Junior Doctor Forum

The Junior Doctor Forum (JDF) continues to meet monthly. The venue has been changed to the Mess which improved attendance. As previously reported, 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 GOSWH 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

An on-going concern is that 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. A fear that reporting would adversely affect career progression is still anecdotally mentioned. The new GMC trainee survey is awaited. The GOSWH talk in induction aims to dispel this myth. The fear is also that the strain of service not met by trainees is now shifting to fellows and trust doctors as although they fall outside of the GOSWH remit clearly is part of the service provision and has a direct impact on the rotas.

Doctors are regularly working outside of work schedules in Acute Medicine specifically cardiology and luminal. 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.

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. This has been highlighted in cardiology for the second quarter in a row. 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 (ES) 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. There has been discussion in GOSWH groups to devolve exception report supervision to beyond ES as this is too great a time burden and the opportunity for TOIL will therefore be missed. Education is provided by Claire Houghton (GOSWH admin support) to the educational supervisors and the majority of exception reports have note from the GOSWH 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 new GMC survey results are expected soon as the GMC liaison has offered sessions with the GOSWH to address fears and questions from the trainees.

5.2 Cardiology
See the relevant section above. A business plan has been drawn up.

5.3 AMU and luminal
The impact on the change of the rota may be seen in exception reports in the next quarter.

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; departments need to 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 September 2019. This is especially the case as gaps have increased.

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

Author: Dr Serena Haywood Date: 10/06/2019

APPENDIX A

Summary of exception reports by specialty – Quarter One, 2019
1st April 2019-June 30th 2019

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

There were a total of 4 exception reports all at F1 level from 2 trainees (general and gastro) for overtime worked from one hour to 8 hours.
One doctor was asked to work on two zero days to cover staff shortages totalling 16 hours.

Comments included;
'*Stayed late to review ward list with SpR who was late in endoscopy + to complete ward jobs'*
'Low staffing'
'The doctor was thanked for working the additional hours to ensure patient safety. The colorectal surgical firm has a reduced junior doctor / physician associate complement due to maternity leave and non-recruitment into vacant posts'.

A work schedule review is underway and a fine is likely to be levied for the significant 16 hour breach.

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

There was a total of 32 exception reports; 20 at F1 level, 7 at F2, 3 at CT1, 2 at CT2 all from 11 trainees. All but 2 were for overtime. One was for missed training (referred to PGME) and one for missed breaks.

The 2 cardiology exception reports were raised by cardiology as an immediate safety concern.

General Medicine	14 F1
	7F2
Gastroenterology	5 F1
	3 CT1
Cardiology	2 CT1
ED	2 F1

Time worked in excess varied from 45 minutes to a maximum of 4.5 hours. The intensity of work was highlighted throughout.

Comments included;
'Understaffing on the ward due to staff sickness'

'There were only 2 junior doctors on the ward in the morning due to staff sickness. We had to extra hour in order to complete essential jobs and essential documentation which had compiled over the day.'

'Working with an F1, busy workload, stayed late to try and minimise workload for next day as we were aware SHO would be working alone the following day'

'Hepatology team helped Luminal team with jobs'

'Working alone - no F1/SHO/SpR which was scheduled on rota. Hepatology also very short staffed. No time to have appropriate break for lunch/rest etc. Friday before bank holiday meaning workload heavier.'

'Teams helping each other with jobs towards end of day'

'Workload high; only f1 covering luminal patients that day including new admission that required clerking. Stayed 2 hours overtime to complete this and the tasks of the day.'

'Telephoned on call to ask to cover clerking patient; on call uncontactable, unsafe for patient to remain un-clerked so stayed late to do it myself'

'I note the doctor had to work until 1900 with 2 hours overtime We agreed there was a substantial need for an additional junior doctor to cover Allingham. The rota is constructed to support AMU activities but unfortunately this can often mean there are insufficient doctors to cover Allingham. Patients on this ward often are very unwell including those with acute liver failure or requiring TPN. The lack of junior staff can put significant pressure on the junior team'.

'Both myself and the SHO on post-nights had to stay late to complete routine jobs including discharge summaries, referrals and putting out bloods that couldn't be handed over.'

'I have filled in this exception report to highlight the problem of completing all jobs on a post-night shifts with only 2 doctors when there has been a large number of new patients from the night take'.

'Unwell patient taken to GICU, no other junior staff on ward therefore dealing with sick patient delayed other ward work. Steps taken to resolve matters: Contacted SpR for help. No SPR, only junior covering luminal patients, UGI bleed at 16:00'

'Too many outliers, only junior on ward'

'No time for breaks due to volume of work and needing to leave on time for extracurricular activity'

'Consultants aware of workload and need for more staff. SpR was in office completing his own tasks and gave advice where needed.'

'Remaining in late due to being the only junior on the ward after a bank holiday Monday'

'Unfortunately when there is only one junior, usually results in leaving late in order to get urgent tasks done - rota does try to avoid this but this resulted from changes in order to ensure the ward was staffed the week prior'

'Overtime - only 3 juniors across the two sides, helped the luminal junior with her task load.'

'On a Friday, it usually takes a few hours to ensure the bloods are put out over the weekend. This is on top of prolonged ward rounds due to medical outliers across 7 wards and trying to ensure the urgent jobs are completed.'

'Difficulties with high workload, staff sickness/understaffing, and unwell patients contributing to overtime work in order to complete essential jobs/documentation and handover jobs'.

'Worked an additional two hours - scheduled to work 3pm till 12am, worked until 2am. Started clerking patient at 10.45pm. Absence of consultant in Majors from 11.30pm until 1:00am due to trauma calls. Then followed up on plan until 2am. Steps taken to resolve matters; Handed over remaining patients. Discussed with consultant and advised to submit exception report'

Paediatrics

One reported only in an ST7 3.5 hours overtime in neurology

Appendix B
Current medical Vacancies at of 10/06/2019

Speciality	Grade	Number of Trainees	Number of Trust doctors	Gaps	Comments
Renal Medicine	F2/ST1/2	6	0	1	Recuited to starting Aug 19
Renal Medicine	ST3+	6	0	2	1 x appointed starting end June / 1x returning from mat leave July
Renal Surgery	All	2	3	1	Interview 14th June
Emergency Med	F2	14	0	0	
Emergency Med	CT3	7	3	1	
Emergency Med	GP	6	4	0	
Emergency Med	ST4+	9	1	1	
Emergency Med	CF	0	15	0	no update
Cardiology	ST1-2	4	3	2	
Cardiology	ST3+	11	2	2	Info from Trac
Oncology	ST1-2	4	0		plus 1 x off on calls due to pregnancy
Oncology	ST3+	4	1	1	Covered by locum
Haematology	st1-2	2	0		
Haematology	ST3+	7	1	0	
Acute / Gen Medicine	F1/F2	19	0	1	Off for sickness, covered with locum, 0.5 LTFT
Acute Medicine	ST1-2	11	4	2	Covered by locums
Acute Medicine	ST3+	15	5		
General Medicine	F2 ST1-2 (CMT's)	21	6	2	1 x Oncology 1 x haematology (filled with bank), 1 off nights, 1x pregnant off rota,
General Medicine	ST3+	12	0	3	3 x senior health, 1 x sickness, 3 x LTFT,
Cardiac Surgery	F2/ ST1-2	6	0	1	

Cardiac Surgery	ST3+	0	8	1	
Thoracic Surgery	ST3+	3	1	2	Info from Trac
Dermatology	ST3+	3	3	0	
Microbiology/ID	ST3+	11	0	0	
Palliative Medicine	F1	1	0	0	
Vascular Surgery	F2	1	0	0	
Vascular Surgery	ST3+	2	4	2	Info from Trac
Total		187	64	25	10% rota unfilled

Speciality	**Grade**	**Number of Trainees**	**Number of Trust doctors**	**GAPS**	Notes
Adult Critical Care	F1	3	0	0	
Adult Critical Care	F2/ST1/2	4	35	2	
Adult Critical Care	ST3+	20	4	3	
GUM	F1	1	0	0	
O&G	F1	2	0	0	
O&G	ST1-2	3	0	1	
O&G	ST3+	16	0	1	
O&G	CF	0	10	1	
Neonates	F1	1	0	0	
Neonates	ST1-3	8	3	0	
Neonates	ST4+	9	0	1	
Paed Surgery	ST3+	4	3	0	1x senior CF to be replaced
Paeds General	F1	2	0	0	
Paeds General	ST1-2	15	0	0	
Paeds General	ST4+	9	0	1	1 x being advertised
Psychiatry	F1	2	0	0	
Radiology	ST1	5	0	0	
Radiology	ST2-3	12	0	0	
Radiology	ST4+	20	2	2	2 x mat leave / in shortlisting
Total		**133**	**57**	**12**	6% rotas unfilled

GPs currently in post June 2019	
GPs in hospital posts	214
GPs in practice	270
Total	**484**
Current Vacancies	
Bromley	3
King's	1
Kingston	2
St George's	5
St Helier	6
Bexley & Sidcup	3
Croydon	5
Greenwich	2
Guy's & St Thomas'	1
Lewisham	1
Total	**29**

Speciality	**Grade**	**Number of Trainees**	**Number of Trust doctors**	**GAPS**	Notes
Neurosurgery	F2, ST1/2	0	9	0	
Neurosurgery	ST3+	7	9	0	
Neurology	ST1-2	5	4	0	
Neurology	ST3+	16	0	1	
General Surgery	F1	9	0	0	Includes F1 Lower GI, Upper GI, Plastics, PaedsSurgery, Renal Transplant, T&O
General Surgery	ST1-2	11	2	1	
General Surgery	ST3+	12	0	2	
Plastic Surgery	F2	1	0	0	
Plastic Surgery	ST1-2	5	0	1	
Plastic Surgery	ST3+	8	3	0	
MaxFax	ST1-2	4	3	0	

MaxFax	ST3+	5	0	0	
Ophthalmology	F1	1	0	0	
Urology	F2	1	0	0	
Urology	ST3+	4	4	0	
Anaesthetics (Gen)	ST3+	8	0	1	
Anaesthetics (N/C)	ST3+	6	2	0	
Anaesthetics (Obs)	ST3+	6	2	2	Out to advert
Anaesthetics (PICU)	ST3+	8	0	2	
Anaesthetics	CT1-2	2	0	0	
ENT	ST1-2 / F2	6	2	1	1 x post out to advert
ENT	ST3+	7	0	0	
T&O	ST1-2	2	0	0	
T&O	ST3+	7	9	2	1 x offered post / awaiting start date
T&O	CF	0	5	0	
TOTAL		141	54	12	7% of rota unfilled