

Meeting Title:	Workforce and Education Committee
Date:	16/12/2019
Report Title:	Guardian of Safe Working Hours Report – for the periods 01/07/2019-28/11/2019
Lead Director/ Manager:	Dr Richard Jennings
Report Author:	Dr Serena Haywood, Guardian of Safe Working Hours(GOSWH)
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other
Executive Summary:	<ul style="list-style-type: none"> • 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. • The data for training posts including general practitioners (GPs) in training and trust or fellow doctors (who are included in the rota but not by the Doctor in Training Contract) • Rota gaps were 57 (approximately 10%). Gaps numbered 78 in the first quarter. Rota gap data was not available for the second quarter. • There is active recruitment in most departments. However, trainee doctors continue to submit reports with 184 (87 – 2nd quarter plus 97 – 3rd quarter) exceptions related to working hours /conditions in this quarter with 19 due to lack of breaks and 1 due to lack of opportunity to attend teaching. From August there was an expected increase compared with the quieter summer months where exceptions were 38 but significant decrease with the last 2 years' second quarters with 202 and 164 reports. A year ago, in the third quarter there were 46 exception reports; reporting has increased compared with a year ago. • The GOSWH is supporting a repeat survey of the BMA Fatigue charter compliance by the new JDF chair and a Wellbeing panel has been set up to look at the spend options for the Department of Health £60,000 wellbeing money. The results are pending. • Fines totalling £1430.44 were made (£1263.74 for surgery and one, to gastroenterology). • Eight Immediate safety concerns were raised; three in medicine, one in renal transplant one each in gastroenterology, haematology and paediatrics. • The Guardian is concerned about wellbeing with four F1 trainees meeting to discuss feeling overwhelmed and describing an exclusionary 'banter' culture in two surgical teams. They were directed to the Speak up Guardian and the GOSWH has talked with the Divisional Director of Operations for Surgery and the Training Programme Director for the foundation trainees. • The Guardian is concerned about the fears trainees raised in a recent JDF about exception reporting as it might reflect badly on them. The GOSWH has been invited to present this at the local negotiating committee. • The Director of Medical Education post vacancy has reduced the opportunity for the Guardian to talk to a senior trust member about issues of training and long term strategies, but

	<p>it has been re-advertised, applications have been received, and interviews are planned in December.</p> <ul style="list-style-type: none"> The cardiology exception reports have reduced as a locum junior doctor is now working in the department. The full report from Health Education England from their review on the 4th November regarding the high number of exception reports raised over the preceding year is awaited. 	
Recommendation:	The Trust Board is asked to receive and note the Guardian of Safe Working Hour's report	
Supports		
Trust Strategic Objective:	Ensure the Trust has an unwavering focus on all measures of quality and safety, and patient experience.	
CQC Theme:	Well led Safe	
Single Oversight Framework Theme:	Quality of Care	
Implications		
Risk:	<p>Failure to ensure that doctors are safely rostered, and enabled to work hours that are safe, risks patient safety and the safety of the doctor.</p> <p>Failure to ensure that doctors are safely rostered, and enabled to work hours that are safe, risks overtime payments and fines being levied.</p>	
Legal/Regulatory:	Compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016	
Resources:	<p>Funding for overtime payments, fines and service changes arising from work schedule reviews</p> <p>Additional PA allocation in consultant job plans for time taken to personalise work schedules, resolve exception reports and perform work schedule reviews</p> <p>Administrative support for the role of Guardian</p>	
Equality and Diversity:	N/A	
Previously Considered by:	Compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016	Date 28/11/2019
Appendices:	<p>Exception reports in detail</p> <p>Current Medical Vacancies</p> <p>Summary of Contract new Terms and Conditions Changes</p> <p>Compliance of rotas with new contract terms and conditions</p>	

Guardian of Safe Working Hours Report

Work and Education Committee 05/12/2019

1.0 PURPOSE

1.1 This paper provides assurance to the Board on the progress being made to ensure that junior (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 Hours (GOSWH) 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 Hours 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 Local Negotiating Committee (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 General Medical Council (GMC) via local liaison.

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 Chief Medical Officer. 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

- i. An F1 in General Surgery (Lower Gastrointestinal Surgery) was asked to work 8 hour shifts. These were on her zero days. She was given two zero days in lieu the following week and thanked for her hard work and support of the unit. But in so doing, she had worked from the Monday in week 4 of her rota until the Monday of her week seven (8 days consecutive days).

Total hourly figure 468.63 Hourly penalty rate (£), paid to the doctor 214.47 Hourly fine (£), paid to the guardian of safe working hours 254.16

- ii. An F1 in General Surgery (Lower Gastrointestinal Surgery) was in excess of her hours by 4 hours and 45 minutes

Total hourly figure 247.33 Hourly penalty rate (£), paid to the doctor 113.19 Hourly fine (£), paid to the guardian of safe working hours 134.14

- iii. An F1 in General Surgery was asked to work an 8 hour shift. This was on her zero day. In the subsequent two weeks she worked a total of an extra 30.5 hours.

Total hourly figure 1614.17 Hourly penalty rate (£), paid to the doctor 738.73 Hourly fine (£), paid to the guardian of safe working hours 875.44

iv. One fine was levied to gastroenterology at a total of £307.35 of which the trainee received £140.65 and the Guardian fund received £166.70. The fine was levied because on the dates 23rd September – 27th September and then again 30th September - 4th October 2019, an F2 trainee worked an extra 16 hours in total at the end of their shifts to complete work and ensure an adequate handover. The outcome of the resultant discussion with the gastroenterology trainee programme director appears later in the report.

This is a total of £1430.44 to the Guardian fines fund.

3.2. Exception Reports

A total of 184 (87 – 2nd quarter plus 97 – 3rd quarter) exception reports were submitted related to working hours /conditions in this quarter with 19 due to lack of breaks and 1 due to lack of opportunity to attend teaching. From August there was an expected increase compared with the quieter summer months where exceptions were 38 but significant decrease with the last 2 years' second quarters with 202 and 164 reports. A year ago, in the third quarter there were 46 exception reports; reporting has increased compared with a year ago.

All reports were eligible for review (which suggests the doctors remain 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 one exception episode was reported by this cohort of doctors in training this epoch. The GOSWH will close incomplete exception reports on the Allocate software with a note to the trainee to ensure they claim any outstanding overtime payment if Time Off In Lieu (TOIL) has not been possible to claim within a month. The Update to the Contract asks that TOIL is completed within 48 hours. This is an on-going problem for trainees as there is limited time to take TOIL. They are therefore paid overtime.

3.3 Exception Report Breakdown

Division	Number of exceptions	Breakdown
Medicine and Cardiovascular	141	57 Acute Medicine including AMU 27 gastroenterology 0 Endocrinology 1 neurology 26 Respiratory 14 cardiology 0 ED 14 Haematology

		2 care of the elderly
Children's, Women's, Diagnostics and Therapeutics	9	1 Obstetrics and gynaecology 8 Paediatrics 0 Neonatal medicine 0 Paediatric surgery
Surgery, Theatres, Neurosciences and Cancer	33	27 general surgery 4 vascular surgery 1 Plastic Surgery 0 urology 0 ENT 1 Renal transplantation 0 neurosurgery 0 Trauma and orthopaedics 0 Cardiothoracic surgery

Community	0	0 QMH rehab 0 psychiatry 0 The Priory

3.4 Reasons for exception reports

There was an increase of reports highlighting missed breaks (19) following a reminder by the Guardian that this could be reported upon. All other reports were related to working hours /conditions, with the addition of missed teaching opportunities being mentioned in several.

Full details available in **Appendix A**

3.5 Immediate Safety Concerns (concerns raised by trainees)

No Work schedule reviews were carried out, as these safety concerns were primarily about departmental workload and not about rota issues of the individuals reporting

Quarter 2

a) 10/07/2019 A concern raised by an F2 in general medicine about breaks “Covering the equivalent of 2 doctors on the rota. I was due to cover St James wing from 5pm until 9pm (multiple medical wards + medical outliers) for 2 evening ward cover shifts. Known F1 rota gap -pre-existing due to F1 on the rota being switched to another rotation. I was not informed of any of this and as a result was expected to cover both roles. A busy shift even when fully staffed, it was extremely difficult to prioritise and multi-task handed over jobs from the day and sick patients which the nurses were calling about - having to answer twice as many bleeps throughout. Ended up having to hand over multiple jobs and reviews to the night SHO - knock on effect”. Action Taken: see below

b) 11/07/2019 A concern raised by an F2 in general medicine. “The F1 doctor named on the rota is no longer on this rotation. Despite this being planned months previously, their name had not been removed and no efforts had been made to find appropriate cover. I was not informed there was no F1 until I worked it out myself after unsuccessfully trying to bleep them during the shift. I was therefore expected to cover both roles as a result. The following day I highlighted this to the rota coordinator who thanked me for pointing it out but did not make any attempts to ask anyone to work a few extra hours for the next shift with the exact same problem. This was despite me asking for cover. I would suggest that the rota coordinators at least inform doctors on call if they expect them to cover two roles. Again, it is disappointing - lack of effort to look for cover and lack of effort to at least inform me of known extra role/stress and no support on a busy 4 hour ward cover”. Action Taken: see below

c) 0/08/2019 A concern raised by an F1 in general medicine. Two hours extra worked. Problems also as below. Action taken ; See below.

d) 11/08/2019 A concern raised by an F1 in general medicine “No SHO cover for the very first F1 long day ward cover shift, had to deal with medical emergencies. Appreciate the Reg on call being able to help by phone, but more support was required, especially as this is the very first ward cover shift of the year” .. Action Taken: see below

e) 17/08/2019 A concern raised by an ST3 in medicine. In brief (the original has patient references) “...Not feeling able to escalate to anyone (I doubt I could ask a consultant from another ward to help)

..I had to handle the four critical situations on my own. The many numbers I bleeped numerous times seemed unable to answer my bleeps. Bleeps I was able to get through to suggested I need to talk to someone else, but those people were not available and when I tried to call alternatives, including the individuals I called initially, I had no reply. It even got to the point where I tried to contact numbers for people on call, who are senior to me but not specialists or trainees in fields pertinent to these patients' needs. For an hour, maybe more, I was on my own and had to attempt to be as safe as I could, while acting in the patients' best interests. When I did get help, it was from a speciality who the patient was under, but not the most appropriate as another speciality's senior was more able to provide care for this patient. I am not sure that I made all the people I asked help from fully aware of the fact that my shift had finished when I finally did get in contact with them, but I am almost certain I did for at least two of those I did manage to get through to. I was stuck until 11pm, trying to ensure the safety of these patients “.

Action taken for reports a)-e):

Immediate support was offered by the department to the doctor and support on how to contact senior doctors. The summer intake support is being revised for 2020. A meeting has been held with the Training Programme Director (TPD) for the foundation year to plan for next year's intake to support IT and with clinical questions.

The Care Group Lead is aware that there had been significant gaps in the rota, which have now improved (09/12/2019). No suitable locums had been identified up until this point. The middle grade doctors have been reminded who to contact on call in case the advice is needed which has also included revising the SPR induction. Additionally, a second induction is being offered to those juniors who missed out on induction. Meanwhile, a confidential messaging service has been set up for juniors to ensure that rota gaps are highlighted immediately and help with the perception of covering the gaps.

f) 18/08/2019 A concern raised by an F1 in Renal Transplant Surgery for an extra 1 hour and 20 minutes worked . “due to lack of staffing on the surgical team. Quite often, my surgical colleagues are in theatre and I cover the ward as the only surgical member!”. Action taken: GOSW has contacted the renal team - a response is pending.

Quarter 3

a) 04/11/2019 Gastroenterology. In order to protect the identity of the trainee, no further details will be described here. The GOSWH met with the trainee's educational supervisor on 20/11/2019 and the trainee

programme director 27/11/2019 to discuss the issues raised. The issues raised by the concerns are being discussed within the department and the trainee is being supported.

b) 15/11/2019 ST3 Haematology. Three and a half hours extra were worked. *“3 registrars and 1 SHO covering the whole of haematology. Stayed late to do urgent jobs, hand over to evening team and take weekend handover, put out blood test requests for the weekend etc. I do not feel that we can offer a safe ‘daytime’ service with this level of junior staffing.”* The GOSWH met with the haematology training supervisor on 21/11/2019 who acknowledged that this additional cover was necessary for safe patient care. The department holds a Local Faculty Group meeting to discuss any issues raised by trainees and workload had been discussed 12/11/2019. The department is very supportive of the exception reporting system. Unexpected staffing issues had arisen, meaning that there were 4 trainee gaps on that day. Another gap has already been recruited for. Consideration is being given to employing an F3 if possible. A laptop has been provided to support trainees who were having difficulties accessing enough terminals for iClip based note keeping. The trainees have reported to the department that they feel well supported.

c) 19/11/2019 ST1 in paediatrics. *“Night shift handover overrun due to volume of patients/workload”*. The GOSWH met with the Service Lead, the Clinical Lead for Acute Paediatrics and the College Tutor 28/11/2019. The workload in the paediatric department is acknowledged as very high during the winter months and handover can overrun. The acute consultants will support the trainees in ensuring it is done within half an hour and adjust the rotas to make sure that all rotas reflect the worked handover time with busy times being Friday nights and Monday mornings when teams change over. This will be done for the next rota and the current trainees will be given time off in lieu for any overrunning this rota cycle. The day rotas will be changed from 08.00-17.00 to 08.30-17.30 in the next rota cycle. There was a recognition that moving more trainees onto the night shifts took away their training potential during the days, this had been tried but was not workable for this reason. The trainees will be asked to be very specific about where they see safety concerns arising and asked to contact their consultants early. Paediatric trainees are always encouraged to talk with their consultants and this will be reinforced again. The trainees are involved in the night safety huddles. Further work is planned, involving the nurses as well as the doctors, to look at further ways of working efficiently, as intensity will increase over the winter period, particularly for the holder of the busy on call bleep. Further faculty meetings are going to take place to look at optimising working and support for the trainees.

3.6. Paediatric surgery teaching

Three consecutive paediatric surgical trainees have raised the issue that they are unable to attend the general paediatric training. Despite suggestions being put into place by the college tutor, the trainees found it not possible to attend. The College tutor is hopeful for change soon as a teaching timetable has been prepared, and the mentoring process is about to be launched.

3.7. Concerns raised by surgical trainees

Workload and staffing were repeatedly raised as issues by F1 trainees, particularly those at the f1 level. This is especially an issue when the trainees join in August. The trainees feel that they are responsible for training the physicians’ assistants and do not get opportunities to experience surgery as they are busy with ward duties. Their attendance at training is good. The Training Programme Director (TPD) for Foundation year 1 (FY1) doctors will be meeting with divisional leads to look at middle grade support and particularly at the

changeover in summer, the seniority in surgical trainees (FY1 vs. FY2 doctor proportions) and whether more can be done to support the new trainees.

The Guardian met with the Divisional Director of Operations to discuss the previous reports. A suggested way forward is for the Guardian to meet with the surgical department educational supervisors to discuss how to share exception reports with the division. This would enable the Division to evaluate any safety concerns raised by the trainees early and to support any trainees needing extra supervision. Ideally, this could be coordinated via the office of the DME once in post.

3.8 Cardiology

There were 14 exception reports all in relation to workload and one for missed breaks. There were no immediate safety concerns. The 2019 first quarter GOSWH report describes the recommendations made to and by Health Education England (HEE). A report from the HEE inspection of Cardiology on 4th November is awaited. A business case has been submitted to the Trust Chief Medical Officer by the department of cardiology that is supported by the GOSWH.

3.9 Gastroenterology

Gastroenterology accounted for 27 out of 73 exception reports in the MedCard Division, and a number of these reports were made by a single trainee. The GOSWH met with the trainee's educational supervisor on 20/11/2019 and the Training Programme Director (TPD) for gastroenterology to discuss this and the other exception reports. Gastroenterology is acknowledged as a very busy specialty with a number of outlying patients particularly in the winter months. The current trainee staffing is for hepatology; one registrar, one senior fellow, one core trainee, one F2 and one F1. For the gastroenterology/Luminal team the staffing is one registrar, one senior fellow, two core trainees and one F1. In order to support the most junior members of the team, the middle grade doctors need to be available to discuss cases. There is a commitment by consultants to also support the trainees. The workload excess described by the trainees (who also report difficulties in getting times for breaks) is when the 'in reach' or referral calls are exceptionally busy, the ambulatory care unit is also busy, a full ward (Allingham is acknowledged as a very busy ward particularly in winter) and a large number of patients on outlying wards. The hepatology and luminal trainees are told at induction that they are to ensure that jobs are completed in both hepatology and gastroenterology and one team is not left late to complete work. A number of suggestions have been made by the TPD about managing workload with allocation of trainees on a day to day basis, supporting trainees with different support needs including possibly trialling a mentoring or buddy system for junior trainees, supporting TOIL which has been very difficult for those in the acute medical unit to take before they rotate to the luminal/liver team and is under discussion with the acute medical TPD and will be discussed in a local faculty meeting. The Guardian will update the WEC at the next (fourth quarter) meeting.

3.10 Wellbeing

The Guardian is concerned about wellbeing amongst a range of trainees and has met with 4 in this quarter recommending self-referral to occupational health to all. It is not possible to describe further due to confidentiality. Issues raised have been bullying particularly gender related, lack of awareness of support for mental health difficulties in trainees by senior staff and workload related stress. The Guardian has recommended the relevant Trust policies, the Speak up Guardian and also self-referral to General Practitioners and the Practitioner Health Programme. The Guardian cannot report directly but has been concerned about a 'banter' and therefore exclusionary culture reported in two surgery specialties.

The trainees were given the contact details of the Speak Up Guardian to be able to report further to the board if consent is given. Consent was NOT given to the GOSWH to discuss further with the board at this time as the trainees were concerned about potential repercussions but she felt it important to raise as a concern.

The action that has been taken over this concern is that the GOSW has discussed it with the Trust's Responsible Officer (RO). The GOSW and the RO are together liaising with the relevant Training Programme Directors to identify ways in which this may be negatively impacting on training, and to identify mitigations for this.

The GOSW and RO are remaining vigilant with regards to this concern. If further instances are identified, the GOSW and RO will consider taking advantage of a General Medical Council (GMC) initiative to pilot facilitated interventions to support departments in moving towards more positive cultures for trainees.

Further discussions are planned with the F1 programme director. Another trainee (ST3) was referred to occupational health directly by the Guardian on the 21st November but to protect their identity, no further details will be given other than to say this was in relation to workload and not service cultural issues. In the latest Guardian Update (published 6 times a year), trainees were reminded of Trust procedures if bullying or concerns in relation to workplace culture are encountered.

3.11 Rota gaps

Rota gap information is shown in shown in Appendix B. This shows vacancies for trainees, clinical fellows and trust doctor posts across St George's but not vacant Physicians' Associate or other Advanced Practitioner posts. A total of 57 posts are unfilled across the Trust of a total of 571 posts (10% of posts).

3.12 Junior Doctor Forum

The Junior Doctor Forum (JDF) continues to meet monthly. Attendance remains high. The GOSWH is supporting a renewed survey of the British Medical Association (BMA) Fatigue Charter compliance. Preliminary findings suggest that rest, fresh food and reliable Information Technology (IT) remain the most expressed needs. The position of the Doctors' Mess was also seen as less inaccessible to those in Atkinson Morley and St James' Wings and so rest areas not used overnight are being explored. Monies that have been held back as the Mess location was being considered due to potential paediatric divisional expansion will now be spent on flooring. The Fine money and Wellbeing money will contribute to refitting the shower and developing a rest area in the Mess. The final results of the survey will be discussed in the next report.

3.13 New Terms and Conditions and rota implications

The first deadline is the 1st December 2019 for weekends to be no more frequent than one in three (see Appendix C for the Contracts Refresh 2018 including deadlines) . If the trainees agree, a rota can be kept at that frequency in the service load can be demonstrated as needing this <RJ COMMENT – so the rule doesn't apply if the trainees choose to waive it? Is this right? Or have I misunderstood?>. All rotas are being currently brought into compliance. The changes and the current Trust progress are laid out in Appendix D and E.

3.13 Themes raised in discussions with educational leads, TPDs, college tutors, operational leads and trainees

Common themes about safety were raised with the acknowledgement of the impending winter pressures and numbers of rota gaps.

- a. The number and quality of locums and fellows applying has dropped across the trust. Divisions are keen to fill gaps but are challenged by the lack of applicants.
- b. The gaps affecting middle grade doctors have the additional effect of reducing the on-ward support junior trainees have available. Trainees have been reminded in many cases, that they can ring consultants directly.
- c. Trainees will be encouraged by the Guardian to be very specific in their safety concerns in exception reports and reminded that these safety concerns should be reflected not only to their educational supervisors (who can report to the clinical leads) but also to clinical leads, so that action can be taken quickly.

The Guardian will raise all of these issues at the next induction meeting.

4.0 IMPLICATIONS

4.1 Risks

The reluctance of some trainees to exception report continues to be a concern. The GOSWH is going to be speaking at the next LNC and hopes that by engaging the consultant body in embracing the positive changes that can happen with exception reporting, this will strengthen the encouragement of trainees to submit reports.

Doctors are regularly working outside of work schedules in Acute Medicine. Time off in lieu and/or overtime payments will be required (and in many cases have already been granted or paid) unless service changes are made to reduce doctors working hours. The deadline of taking TOIL within 48 hours within the new terms and conditions is very unlikely to be met in the busier jobs. The risk is tired trainees therefore compromising their safety and that of the patients. The concern is that with winter pressures that this will be add to this challenge. Divisions should ensure that all trainees take breaks, ensure that trainees are supported to take TOIL wherever possible.

4.2 Legal Regulatory

The GOSWH follows the 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 would represent a further cost pressure. Lastly, fines may be levied if unsafe working practices continue.

5.0 NEXT STEPS

5.1 Supporting trainees to exception report

The Guardian will be helping the consultants to help the trainees exception report

5.2 Specialities

See relevant sections

5.3 Board Reports

A new Board Report Structure was to be trialled by the Guardian this quarter to come in line with a number of other Trusts as recommended by NHSE, but NHSE are now redeveloping this report template.

6.0 RECOMMENDATIONS

- 6.1 The Board is asked to note this report and take note of 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.

- 6.2 The Board is asked to note the steps being taken to try to address the issue of trainees feeling concerned that exception reporting would reflect badly on them.

- 6.4 The Board is asked to note the steps being taken to recruit to the vacant DME post, which will help trainees meet their educational goal.

Author: Dr Serena Haywood

Date: **28/11/2019**

APPENDIX A

Summary of exception reports by specialty

Comments are a random sample of those submitted in exception reports during this quarter. All reports will have been discussed with educational supervisors with a resolution (although this is not always recorded). The trainee is encourage to report again in the situation has not resolved.

Quarter Two, 2019 1st July 2019-September 30th 2019

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

F1 General surgery – 19 reports. Includes missed breaks F2

Academic vascular - 4 reports.

ST1 General Surgery - 4 reports.

Comments Included;

- *Short staffing + training new PA*
- *Normal working hours 9am to 5pm. Covering the ward due to lack of prescribing staff on the ward as opposed to academic work (four reports from two trainees)*
- *... having to perform the duties of two doctors simultaneously.*
- *Stayed overtime to complete vital tasks Handed over non-vital tasks to the Night team to prevent staying beyond necessary.*
- *There were many new patients requiring investigations. This meant the ward round finished later than usual and therefore more time was taken to finish the necessary jobs.*

Quarter Three 2019. 1st October 2019-November 30th 2019

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

F2 General Surgery f2 - 4 reports.

F1 Plastics – 1 report

Comments Included;

I was swapped onto a post take shift (longer hours) and our consultant had multiple commitments so was unable to meet us until after 6.30 (he has requested we exception report)

Quarter Two, 2019 1st July 2019-September 30th 2019

Renal Transplant

F1 – One report raised as immediate safety concern.

Quarter Two, 2019 1st July 2019-September 30th 2019

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

F1 General medicine and AMU – 29 includes missed teaching and missed breaks F2

General Medicine and AMU – 2
ST3 General Medicine and AMU – 4
ST1 General Medicine and AMU – 2
CT2 Cardiology – 6
CT1 Neurology -1
F1 Respiratory – 14
F2 Respiratory – 9
ST3 Haematology 1

Comments Included;

- *Patient book in ambulatory care on Allingham ward for disclosing MDT outcome in a 30 mins slot. However case was difficult because patient was overseas, and had to explain to them why they were not entitled to elective surgery*
- *Only one F1 on the ward to cover all of the standard patients; unwell patients on the ward, so no seniors to escalate to other than consultant or seniors of other teams; unsafe*
 - *hours worked overtime; only one F1 and extra locum SHO to cover what should be 5 rota slots; unable to achieve all jobs safely and timely; required staying 2.75 hours late to complete all jobs including weekend handovers and discharges*
- *I was meant to be on a standard day shift but was swapped onto a post night shift which I had to work overtime also.*
- *I was scheduled to work over the weekend of Saturday 10th and Sunday 11th August on Cavell (08:30 - 17:00 shift). We found out there was no Lanesborough SHO, no St James SHO, no gastro/chest cover and so I was asked to cover Lanesborough which is (08:30 - 21:30). Additionally with so few staff (only SpR, me and the F1) we had to split the two wings so I did all the jobs on Lanesborough (SpR, SHO and F1 jobs) whilst the SpR and F1 had to cover all the jobs on St James (SpR, SHO and F1 jobs). All three of us finished at 23:00 on Saturday and at 22:00 on Sunday.*
- *Stayed back due to large volume of outliers and shortage of staff on Belgrave because of this*
- *- needed to assist with additional prescribing/ordering requests from PAs*
- *Had worked full day on wards, SpR helped with cover on wards and ward jobs but had other responsibilities in addition. Had to stay overtime to complete jobs and prepare for following day and complete overnight handovers (necessary jobs).*
- *Had to work longer on Friday to complete jobs before leaving including preparing phlebotomy for the weekend, and completing handover requests for Fri evening. Rota had 1 SpR on ward for morning however had responsibilities in afternoon, other co-workers on my side were on zero days, and cover for other side of the ward was stretched too.*
- *Contacted SpR when required, sat down to run through list in plenty of time before 1700, unable to involve colleagues from other team as they also over worked with their jobs alone.*
- *Stayed late with SpR in order to do full ward round for extra 2 hours. Extremely busy and current level of staffing (x2 SpR - although only one on wards and x1 long day and x1 half day SHO) is clearly not an acceptable staffing level when the wards are so busy. With 20 outliers on top of CCU and Belgrave, this is not safe. I do not feel that I worked safely today at all and I am concerned about patient safety. Unable to as bank holiday. SpR aware and stayed late as well to complete ward round. Some jobs handed over to night SHO.*

Had to stay over 2.5 hrs late on on-call shift, clerking, checking outstanding bloods from day Unit, helping white cell reg to complete ward round and jobs after 5pm, in addition to carrying

Quarter Three 2019. 1st October 2019-November 30th 2019

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

F1 General medicine and AMU – 12 includes missed teaching and missed breaks

F2 General Medicine and AMU – 1

CT2 General Medicine and AMU – 7

CT2 Cardiology – 7

F2 Respiratory – 3

ST3 Haematology 12

ST7 Haematology- 1

ST1 Care of the Elderly – 1

Ct2 –Care of the Elderly – 1

Comments Included;

Minimum staffing of 2 SHOs covering 24 patients. Busy shift with SHO WR going on until 13:30 and multiple discharges throughout the day on both sides, meaning new admissions and step downs new on the ward also needing reviews in the afternoon. Both I and locum stayed late.

Stayed back due to volume of work. Needed to do WR of all patients (around 60) plus do discharges, see sick patients and new ones. Locum SHO for half day was late and not very helpful, I had to redo some of his work. SpR had not done a weekend before so was not prepared for workload. I did not feel very safe during this shift.

Stayed late to complete work and ensure adequate handover and preparation for the following day

Had to stay an extra hour on weekend short day to cover high volume of work

During registrar switch over day, as the only junior familiar with the ward working that day I tried to help both teams with the computer systems and orientating them around the ward however there was still insufficient staffing for patient need that day.

1.5hr overtime needed to finish ward jobs and complete discharge paperwork on standard day AMU

Additional staff member joined post-night team but workload was still heavy, resulting in a late finish time.

No lunch break, stayed two hours extra due to excess of ward jobs - WR didn't finish until two PM

Extra two hours work, Ward round did not finish until 3pm, number of outliers > number of patients on the ward, had a large number of jobs generated from a large number of patients; SHO was on a clinic week and all the registrars were on a teaching day so reduced numbers of staff

Finished at 18:05 instead of 17:00 - on-going issues with whole team of juniors finishing late on most days were discussed that week with other FY1s, 2 SHOs & Consultant - now trialling more concise board round to be able to start WR earlier and have more time for jobs

Finished at 7.10pm instead of 5pm on the ward (several pts hadn't been reviewed until late in the day), stayed late putting out bloods for next day, prescribing meds from WR, handing over, trying to put a job onto TheatreMan Web (application didn't load), new jobs generated from that evening's review of a patient and doing handover with nurses.

Quarter Two, 2019 1st July 2019-September 30th 2019

Obstetrics

F1 – 1

Comments

- Stayed late

Quarter Three 2019. 1st October 2019-November 30th 2019

Paediatrics

St4 -5

St1 - 3

Comments

Night shift handover overran due to volume of patients/workload. Unable to take breaks during shift and missed teaching due to clinical workload

Appendix B

Current Trainee Vacancies at of 28/11/2019

Speciality	Grade	Expected (as per allocate)	Expected numbers			GAPS
			Number of Trainees	Number of Trust doctors	Nov-19	
Adult Critical Care	F1	3	3	0	3	0
Adult Critical Care	F2/ST1/2	39	4	35	33	6
Adult Critical Care	ST3+	24	20	4	19	5
GUM	F1	1	1	0	1	0
O&G	F1	2	2	0	2	0
O&G	ST1-2	3	3	0	2	1
O&G	ST3+	16	16	0	15	1
O&G	CF	10	0	10	9	1
Neonates	F1	1	1	0	0	0
Neonates	ST1-3	11	8	3	10	1
Neonates	ST4+	9	9	0	9	0
Paed Surgery	ST3+	7	4	3	7	0
Paeds General	F1	2	2	0	0	0
Paeds General	ST1-2	15	15	0	15	0
Paeds General	ST4+	9	9	0	8	1
Psychiatry	F1	2	2	0	2	0
Radiology	ST1	5	5	0	5	0
Radiology	ST2-3	12	12	0	12	0
Radiology	ST4+	22	20	2	20	2
Total		190	133	57	172	18

Speciality	Grade	Date rota signed off	Expected (as per allocate)	Expected numbers			Gaps	Comments
				Number of Trainees	Number of Trust doctors	Nov-19		
Renal Medicine	F2/ST1/2	31/07/2017	6	6	0	4	2	
Renal Medicine	ST3+	31/07/2017	6	6	0	5	1	
Renal Surgery	All	05/03/2018	5	2	3	3	2	
Emergency Med	F2	31/07/2017	14	14	0	14	0	
Emergency Med	CT3	20/11/2017	10	7	3	9	1	
Emergency Med	GP	02/04/2018	10	6	4	10	0	

Emergency Med	ST4+	28/02/201	8	10	9	1	9	1	
Emergency Med	CF			15	0	15	12	2	
Cardiology	ST1-2	05/09/201	7	7	4	3	4	1	
Cardiology	ST3+	02/10/201	7	13	11	2	13	0	
Oncology	ST3+	04/09/201	7	5	4	1	5	0	
Haematology	ST3+	03/09/201	8	8	7	1	7	1	
Acute / Gen Medicine	F1/F2	31/07/201	7	19	19	0	18	1	
Acute Medicine	ST1-2	25/04/201	8	15	11	4	14	1	
Acute Medicine	ST3+	02/10/201	7	20	15	5	19	1	
General Medicine	F2 ST1-2 (CMT's)	31/07/201	7	27	21	6	21	4	x 3 senior health x 1 haematolo gy
General Medicine	ST3+	02/08/201	7	12	12	0	11	1	1 x senior health
Cardiac Surgery	F2/ ST1-2	03/04/201	7	6	6	0	2	4	x 4 posts covered by agency / locum & SPR's
Cardiac Surgery	ST3+			8	0	8	5	3	Covered by locums / agency
Thoracic Surgery	ST3+			4	3	1	4	0	
Dermatology	ST3+	31/07/201	7	6	3	3	6	0	
Microbiology/ID	ST3+	11/06/201	8	11	11	0	10	1	
Palliative Medicine	F1	10/01/201	7	1	1	0	1	0	
Vascular Surgery	F2	03/04/201	7	1	1	0	1	0	
Vascular Surgery	ST3+			6	2	4	6	0	

Total			251	187	64	213	27	
--------------	--	--	------------	------------	-----------	------------	-----------	--

Speciality	Grade	Expected (as per allocate)	Expected numbers		GAPS		Notes
			Number of Trainees	Number of Trust doctors	Nov -19	GAP S	
Neurosurgery	F2, ST1/2	9	0	9	9	0	
Neurosurgery	ST3+	16	7	9	15	1	
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	13	0	

General Surgery	ST3+	12	12	0	12	0	
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	4	1	
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	2	
Anaesthetics (N/C)	ST3+	8	6	2	8	0	
Anaesthetics (Obs)	ST3+	8	6	2	6	1	Out to advert
Anaesthetics (PICU)	ST3+	8	8	0	6	0	2 x interviews on 28/11
Anaesthetics	CT1-2	2	2	0	2	0	
ENT	ST1-2 / F2	8	6	2	8	0	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	186	8	

Training Scheme	PGMD Post Reference	Post Number	Cost Code	Specialty	Location
St George's	LDN/RJ701/035/SHO/003	6538	CEM	Acute Internal Medicine	St George's Hospital
St George's	LDN/RJ701/023/SHO/002	6541	CAY	Otolaryngology	St Georges's Hospital
St George's	LDN/RJ701/002/SHO/001	3452	CHB	Paediatrics	St Georges's Hospital
St George's	LDN/RJ701/002/SHO/003	6985	CHB	Paediatrics	St Georges's Hospital

Appendix C

Junior doctors 2018 contract refresh



Rota rules at a glance

The below table highlights the rota rules outlined in the [terms and conditions of service \(TCS\)](#) and provides further notes for employers on each rule. For full details please refer to schedule 3 of the TCS.

Rule	Notes
Max 48 hour average working week	A guardian of safe working hours fine will apply if this rule is breached
Max 72 hours work in any consecutive period of 168 hours	A guardian of safe working hours fine will apply if this rule is breached
Max 13 hour shift length	On-call periods can be up to 24 hours
46-hours of rest required after any number of rostered night shifts	
Max 4 consecutive long shifts*, at least 48 hours rest following the fourth shift	Long shift (a shift rostered to last longer than 10 hours)
Max 4 consecutive long daytime/evening shifts, at least 48 hours rest following the fourth shift	Long evening shift: a long shift starting before 16.00 rostered to finish after 23.00 (a long shift starting after 16.00 will fall in to the definition of a night shift)
Max 4 consecutive night shifts. At least 46 hours rest following the third or fourth such shift	Night shift: at least 3 hours of work in the period 23.00 to 06.00. Rest must be given at the conclusion of the final shift, which could be the third or fourth
Max 7 consecutive shifts* (except on low intensity on-call rotas), at least 48 hours rest following the final shift	Low intensity on-call: duty on a Saturday and Sunday where 3 hours, or less, work takes place on each day, and no more than 3 episodes of work each day. Up to 12 consecutive shifts can be worked in this scenario provided that no other rule is breached
Max frequency of 1 in 3 weekends can be worked	Weekend work (any shifts/on-call duty periods where any work falls between 00.01 Saturday and 23.59 Sunday) Authorisation for a rota using a pattern greater than 1 in 3 should require a clearly identified clinical reason agreed by the clinical director and be deemed appropriate by the guardian of safe working.
Normally at least 11 hours continuous rest between rostered shifts (separate on-call provisions below).	Breaches of rest subject to time off in lieu (TOIL) which must be given within 24 hours. In exceptional circumstances where rest is reduced to fewer than 8 hours, time will be paid at a penalty rate and the doctor is not expected to work more than 5 hours the following day. A guardian of safe working hours fine will apply in this circumstance

30 minute break for 5 hours work, a second 30 minute break for more than 9 hours A third 30-minute paid break for a night shift rostered to last 12 hours or more	A guardian of safe working hours fine will apply if breaks are missed on at least 25 per cent of occasions across a 4 week reference period. Breaks should be taken separately but if combined must be taken as near as possible to the middle of the shift
Specific to on-call working patterns	
No consecutive on-call periods apart from Saturday & Sunday. No more than 3 on-call periods in 7 consecutive days	A maximum of 7 consecutive on-call periods can be agreed locally where safe to do so and no other safety rules would be breached; likely to be low intensity rotas only
Day after an on-call period must not be rostered to exceed 10 hours	Where more than 1 on-call period is rostered consecutively (e.g. Saturday/Sunday), this rule applies to the day after the last on-call period
Expected rest while on-call is 8 hours per 24 hour period, of which at least 5 hours should be continuous between 22.00 and 07.00	If it is expected this will not be met, the day after must not exceed 5 hours. Doctor must inform employer where rest requirements are not met, TOIL must be taken within 24 hours or the time will be paid. A guardian of safe working hours fine will apply in this circumstance.
No doctor should be rostered on-call to cover the same shift as a doctor on the same rota is covering by working a shift	Unless there is a clearly defined clinical reason agreed by the clinical director and the working pattern is agreed by both the guardian and the director of medical education

*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.

Appendix D

Compliance of rotas and progress

Surgery, Anaesthetics and Neurosciences						
Rota Name	Grade	Rotas to change	Reasons	Dept Aware	Progress	Change Made
Anaesthetics ACCS	ST1-2	No				
Anaesthetics Cardiac/Neuro (Senior)	ST3+	No				
Anaesthetics General (Senior)	ST3+	No				
Anaesthetics Obstetrics (Junior)	ST3+	No				
Anaesthetics PICU (Senior)	ST3+	No				
Dental	F2	No				
Maxfax	ST1-2	Yes	Max 4 days and rest after	Y	Meeting 26.11	

Maxfax	ST3+	Yes	Weekend frequency / changes in progress	Y	Meeting 26.11	
General Surgery	ST3+	Yes	Rest after long days			
Surgery (General Surgery/ Renal Transplant/Plastics/T&O)	F1	No				
General Surgery	ST1-2 / F2	Yes	Over 72 hr week			
Vascular	F2	No				
Neurology	ST3+	Yes	Over 72 hr week	Y	Met Rota to be amended & sent	
Neurology	ST1/2	Yes	Over 72 hr week	Y	Met Rota to be amended & sent	
Neurosurgery	ST1-2	Yes	Rest after nights	Y	Emailed updated rota, waiting reply	
Neurosurgery	ST3+	Yes	Over 72 hr week	Y	Emailed updated rota, waiting reply	
Neuroradiology	ST3+	Yes	Over 72 hr week	Y		
ENT	ST3+	Yes	Currently being amended	Y	Emailed updated rota, waiting reply	
ENT	F2	No				
ENT	ST1-2	Yes	Over 4 days in a row	Y		
Plastic Surgery	F2	Yes	Time off after long days	y		
Plastic Surgery	ST1-2	Yes	Time off after long days	y		
Plastic Surgery	ST3+	Yes	Currently being amended	y	Emailed updated rota, waiting reply	
T & O	ST3+	Yes	Over 72 hr week	y		
T & O	CFs	Yes	Over 7 days / days off after long days.	y		
Urology	F2	No				
Urology	ST3+	Yes	Over 7 days in a row	y	Met Rota to be amended wait reply	
Medicine and Cardiothoracics						
Rota Name	Grade	Rotas to change	Reasons			Change Made
A & E	F2	Yes	Weekend frequency	y	rota being amended & discussed	
A & E	CT3	Yes	Weekend frequency	y	rota being amended & discussed	
A & E	GPV TS / CFs	Yes	Weekend frequency	y	rota being amended & discussed	
A & E	ST4+	Yes	Weekend frequency	y	rota being amended & discussed	

Cardiology	ST3+	Yes	Over 72 hr week / max 7 days	y	Emailed updated rota, waiting reply	
Cardiology	ST1/2	Yes	Min period off after long day / over 72 hrs	y	Met Rota to be amended & sent	
Cardiothoracic	F2	No				
Cardiothoracic	ST1-2	No				
Thoracic Surgery	ST3+	Yes	Time off after long days		In discussion	
Cardiothoracic	ST3+	Yes	Time off after long days		In discussion	
Dermatology	ST3+	No				
Haematology	ST3+	Yes	Over 72 hr week / days off needed	y	rota being amended & discussed	
Medicine F1s (General Medicine/Acute Medicine and Auxiliary)	F1	No				
Acute Medicine	F2/S T1-2	Yes	Weekend frequency	y	Agreed and signed from Feb 20	Complete
General Medicine Non-Acute	F2	No				
General Medicine Non-Acute	ST1/2	No				
Acute Medicine	ST3+	No				
General Medicine Non-Acute	ST3+	Yes	Rest after consecutive days work	y	In discussion	
GI Bleed	ST3+	No				
CIU	ST3+	Yes	Weekend frequency	y	Emailed updated rota, waiting reply	
Medical Oncology	ST3+	Yes	Min period off needed after wkend work		To be discussed	
Renal Medicine	F2	Yes	Over 72 hr week / days off needed	y	Meeting 27.11	
Renal Medicine	ST1/2	Yes	Over 72 hr week / days off needed	y	Meeting 27.11	
Renal Medicine	ST3+	Yes	Over 72 hr week / days off needed	y	Meeting 27.11	
Renal Transplant	ST1-2 & ST3+	Yes	Weekend frequency	y	Meeting 27.11	
Vascular	ST3+	No				
Children and Women's						
Rota Name	Grade	Rotas to change	Reasons			Change Made

Histopathology	ST3+	NO				
ICU	F1	NO				
ICU General	F2 ST1/ 2	Yes	Rest after 4 long days	y	In conversation	
ICU Neuro	ST1/ 2	Yes	Rest after 4 long days	y	In conversation	
ICU Cardiac	ST1/ 2	Yes	Rest after 4 long days	y	In conversation	
ICU General	ST3+	Yes	Currently being amended	y	In conversation	
ICU Cardiac	ST3+	Yes	Currently being amended	y	In conversation	
ICU Neuro	ST3+	Yes	Currently being amended	y	In conversation	
GUM	F1	NO				
GUM	F2	NO				
GUM	GPV TS	NO				
Obs & Gynae Jr	ST3+	NO				
O&G/AGU	Othe r	NO				
Obs & Gynae Sr	ST3+	Yes	Over 72 hr week / days off needed		To be discussed	
Neonates	ST2/ 3	Yes	Wkend Freq / day off after long day	y	Agreed to introduce March 20	
Neonates	ST4+	Yes	weekend frequency	y	Agreed to introduce March 20	
Paediatrics	F1	NO				
Paediatrics	ST1/ 2	NO				
Paediatrics	ST3+	NO				
Paeds Surgery	ST3+	Yes	Over 72 hour week / days off needed		Emailed to discuss, waiting reply	
Radiology Yr1	ST1/ 2	NO				
Radiology	ST2- 3	Yes	Over 72 hr wk / time off consecutive days	y	Emailed updated rota, waiting reply	
Radiology Sr	ST4+	Yes	Time off after consecutive days	y	Emailed updated rota, waiting reply	
Clinical Genetics	ST3+	NO				

Appendix E

Comparison of exception report numbers, fines and immediate safety concerns

Quarters	Exception reports	Immediate Safety Concerns	Fine levied	Rota gaps	ISC Notes
Q1 2017	86	0	0	NK	NK
Q2 2017	164	2	0	32	Gastroenterology and senior medicine
Q3 2017	263	0	£10,527.48	100	Microbiology and cardiothoracics
Q4 2017/2018	203	0	£6437.41	69	Surgery and ENT
Q1 2018	35	2	0	28	
Q2 2018	202	12	£35,267.96	53	CT surgery and microbiology
Q3 2018	46	0	0	46	Cardiology
Q4 2018/2019	87	2	0	45	Cardiology
Q1 2019	38	1	0	78	Cardiology
Q2 2019	97	6	£1263.74	nk	5 medicine 1 renal transplant
Q3 2019	87	3	£166	Awaited	Gastro, paed, haematology