People Committees-in-Common

Meeting on Friday, 20 October 2023

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| **Agenda Item** | 3.5 |
| **Report Title** | **SGUH Guardian of Safe Working Quarter 1 (April 23-June 23)** |
| **Executive Lead(s)** | Richard Jennings, Group Chief Medical Officer |
| **Report Author(s)** | Rosy Wells, Guardian of Safe Working, SGUH |
| **Previously considered by** | People Management Group | 11 October 2023 |
| **Purpose** | **For Assurance** |

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| **Executive Summary** |
| Key points for board to note:* Junior doctor industrial action ongoing and other staff groups taking industrial action
* Acute medicine/general medicine remains highest reporting area- but reports have dropped this quarter
* Cardiology continues to be an area of concern with many exception reports and immediate safety concerns reported.
* LED continue to exception report
* Doctor’s mess has been redecorated. Awaiting refurnishing using wellbeing funds.
* ENT rota reviewed as not representative of the work undertaken
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| **Action required by People Committees-in-Common** |
| The Committee is asked to: 1. Note the Guardian of Safe Working’s report

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| **Committee Assurance** |
| Committee | People Committees-in-Common |
| Level of Assurance | Reasonable Assurance: The report and discussions assured the Committee that the system of internal control is generally adequate and operating effectively but some improvements are required, and the Committee identified and understood the gaps in assurance |

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| **Appendices** |
| **Appendix No.** | **Appendix Name** |
| **Appendix 1** | Wellbeing charter- action plan |

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| **Implications** |
| **Group Strategic Objectives** |
| [ ]  Collaboration & Partnerships[ ]  Affordable Services, fit for the future | [x]  Right care, right place, right time[x]  Empowered, engaged staff |
| **Risks** |
| 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. Failure to ensure that doctors are safely rostered, and enabled to work hours that are safe, risks overtime payments and fines being levied. |
| **CQC Theme** |
| [x]  Safe | [ ]  Effective | [ ]  Caring | [ ]  Responsive | [ ]  Well Led |
| **NHS system oversight framework** |
| [x] Quality of care, access and outcomes[ ]  Preventing ill health and reducing inequalities[ ]  Finance and use of resources | [x]  People[x]  Leadership and capability[ ]  Local strategic priorities |
| **Financial implications** |
| Funding for overtime payments, fines and service charges arising from work schedule reviews Administrative support for the role of Guardian |
| **Legal and / or Regulatory implications** |
| Compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Update 2019 |
| **Equality, diversity and inclusion implications** |
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| **Environmental sustainability implications** |
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**SGUH Guardian of Safe Working**

**Quarter 4 (Jan 2023-March 2023) Report**

**People Committees-in-Common**, **23 June 2023**

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| **1.0** | **Purpose of paper** |

* 1. As per the 2016 Terms and Conditions of Service for Doctors in Training (TCS), the GOSW acts as a champion of safe working hours for junior doctors and ensures that action is taken to address any areas of concern. The GOSW is responsible for providing assurance (or otherwise) to the trust board that doctors are safely rostered and are working hours that are safe and in compliance with the TCS.

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| **2.0** | **Background** |

**High level data for St George’s NHS Trust**

**High level data for St George’s NHS Trust**

Number of doctors / dentists in training (total): 538

Number of doctors / dentists in training on 2016 TCS (total): 473

Number of locally employed doctors working on junior rotas: 283

Amount of time available in job plan for guardian to do the role: 2 PAs / 8 hours per week

Admin support provided to the guardian (if any): Provided by HR

The GOSWH works jointly to provide a service to Central London Community Healthcare who is the employer of one ST6 trainee in sexual health whose work includes time at the St Georges site. A board report is produced for CLCH quarterly. The employment terms for the GOSWH are 0.125PA.

No reports for this trainee received for this quarter.

The guardian is also responsible for the GP trainees who work in the trust but whose main employer is Royal Free NHS Foundation Trust.

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| **3.0** | **Analysis** |

**3.0 Exception Reporting April-June 2023**

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| **Exception Reports (ER) over past quarter** |
| **Reference period of report** | 01/04/23 - 30/06/23 |
| **Total number of exception reports received** | 82 |
| **Number relating to immediate patient safety issues** | 5 |
| **Number relating to hours of working** | 78 |
| **Number relating to pattern of work** | 3 |
| **Number relating to educational opportunities** | 0 |
| **Number relating to service support available to the doctor** | 1 |
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| ***Note****: Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.* |
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**Immediate Safety Concerns**

There were 5 immediate safety concerns (ISC) reported in quarter 1 2023-24.

**ISC in Acute Medicine:**

Three ISC reports were received for medicine.

Two ISC reports were received from one FY2 junior in acute medicine. One was down graded as not felt to be immediate safety concerns and had not been escalated at the time by the junior. A further report received from FY1 doctor due to concerns about staffing levels was upheld.

First report:

Worked an hour extra and several jobs from the day were unable to be completed. Had 30 mins out of the ward during the day for a supervisor meeting, but otherwise no other breaks. Felt unsafe on the ward having to prioritise the most urgent tasks, doing jobs from the blue and red team as well as taking a handover from the blue team who had to leave early due to prior organised arrangements.

Supervisor advised that junior should have escalated her concern and requested additional support that was available on the day.

Second Report:

Worked 2 hours extra with no lunch break or other breaks to ensure that H@N was updated. H@N is extremely slow and inefficient with each patient taking 10 minutes to load. None of the biochemistry results were back by 5pm so had to be put out online for chasing.

Supervisor advised to datix concern with the H@N system which has been causing consistent problems. Consultant commented that the ward was under staffed and it was difficult that day. Junior to raise concerns at consultants during the shift.

Third report:

below minimum staffing - 1 FY1 on blue side, 1 FY2 and 1 new clinical fellow on red side.

As in previous reports, medicine continues to be ab are of concern. The GOSW has requested further details from the department regarding staff levels and when locums have been requested. A trust locum escalation policy is being reviewed.

**ISCs in Cardiology:**

Two immediate safety concerns received for cardiology and both were upheld. Both reports received from one junior. Q4 2022-23 had seen a rise in exception reporting and ISC in cardiology (13 ISC reported and 1 upheld).

Reports received:

One SHO called in sick, second locum SHO was on hospital ground but called by her agency to say that she wasn't going get any more shifts here. Suddenly we're 2 down from already minimal staffing so we had to cover the rest by ourselves (mostly done by SHO's because PA can't prescribe), as well as also keeping list and logistics for registrars who see the patients. No breaks and continuous working until 7 PM got everything done, but nothing could be left until the day after (1 death discharge summary and certificate and six discharges in one day)

Heavily understaffed: one colleague was predicted sick leave (wife in hospital) and one colleague sick on the same day; no short or long term cover SHO has been arranged despite us repeatedly telling Rota cardiologist and management that we anticipated this coming. Immediate safety concerns for both myself (not being able to eat or drink and chronically working over time without any breaks not even for 5 minutes let alone more, and being put into an unsafe situation by needing to be medically responsible for too many patients I can't keep track of, noticeable difficulty concentrating and short term forgetfulness dealt with easily by just writing down a list) AND for patients (have received friendly but still to me worrying feedback about multiple prescribing errors I've made during yesterday and today despite normally not making them, possibly forgetting or not overseeing the follow through of essential plan for patients

Consultant covering ward reported:

*It is disappointing to read the report below because it is mostly inaccurate. The sickness this week was unexpected due to wife of one SHO admitted to hospital with labour requiring C section and the other one was due to urgent surgery. None of it was planned and unfortunately we only knew about this the day before and despite efforts to cover it, it was not possible. In-house SHOs were asked to cover but no one agreed and agency bank was contacted, I was told there was one night to cover and reviewed CVs but none of the candidates had NHS experience apart from one who had 1 week NHS experience. Luckily Ahmed one of our SHOs volunteered to do it. The SHO who had the urgent surgery remained sick for the rest of the week.*

*Rota coordinator and myself were exchanging calls and texts out of hours in last week and we did everything we could to support.*

Following these further ISCs and meeting with the juniors, the GOSW has been in contact with the CGL and supervisors in the department for clarification of the events.

The GOSW met with 4 juniors (2 from SHO rota and 2 from reg rota) in July 2023. Juniors reported ongoing staff shortages and concerns about the process for arranging locum cover. Juniors are frequently staying 1-2 hours extra to complete work but are not exception reporting these hours.

Measures put in place following previous concerns are not thought to have been helpful in reducing workload for juniors.

Previous measures discussed:

1. Clear weekend plans to be documented
2. Discharge summaries to be completed Friday for weekend patients
3. Explore ward pharmacists assisting with TTOs
4. Explore CNS support on Saturday mornings

Following these further ISCs and meeting with the juniors, the GOSW has been in contact with the CGL and supervisors in the department and is planning to meet to discuss further. An update will be provided for the next report.

Juniors were advised to exception report additional hours worked and report any ISC.

**Exception reports relating to hours and patterns worked:**

Exception reports by speciality and grade for Quarter 1 April-June 2023 with comparisons to previous quarters. Reports highlighted in red are from locally employed doctors (LED).

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| **Specialty** | **Grade** | **Number of reports Q3 2022-2023** | **Number of reports Q4 2022-23** | **Number of reports Q1 2023-34** |
| Accident and emergency | FY2  | 2 | 0 | 0 |
| Acute/General Medicine | CT1 | 0 | 5 | 3 |
| Acute/General Medicine | CT2  | 10 | 4 | 6 |
| Acute/General Medicine | CT3/ST3 | 7 | 12 | 1 |
| Acute/General medicine | FY1  | 70 | 59 | 22 |
| Acute/General medicine | FY2  | 0 | 6 | 6 |
| Acute/General medicine | LED | 0 | 8 | 0 |
| Cardiology | ST2  | 0 | 4 | 0 |
| Cardiology | LED | 0 | 15 | 6 |
| Child & adolescent psychiatry | FY1  | 0 | 1 | 2 |
| General surgery | LED | 0 | 0 | 3 |
| General surgery | FY1  | 3 | 5 | 0 |
| Geriatric medicine | CT2  | 4 | 0 | 0 |
| Geriatric medicine | FY1  | 2 | 0 | 0 |
| Geriatric medicine | FY2  | 0 | 0 | 1 |
| Geriatric medicine | ST3  | 3 | 2 | 0 |
| Haematology | LED | 0 | 0 | 1 |
| Haematology | ST6 | 0 | 2 | 0 |
| Intensive therapy | CT2  | 0 | 1 | 0 |
| Medical Oncology | LED | 0 | 24 | 6 |
| Neurology | CT2  | 0 | 0 | 4 |
| Obstetrics and gynaecology | FY1  | 0 | 1 | 0 |
| Otolaryngology (ENT) | ST5  | 0 | 0 | 5 |
| Paediatrics | FY1  | 0 | 1 | 0 |
| Paediatrics | ST1 | 0 | 15 | 0 |
| Paediatrics | ST2  | 10 | 1 | 0 |
| Paediatrics | ST3  | 1 | 0 | 0 |
| Respiratory Medicine | CT1  | 2 | 0 | 0 |
| Respiratory Medicine | CT2  | 1 | 0 | 0 |
| Respiratory Medicine | FY1  | 1 | 12 | 13 |
| Respiratory Medicine | ST4 | 1 | 0 | 0 |
| Respiratory Medicine | ST5  | 1 | 0 | 0 |
| Rheumatology | CT3/ST3 | 0 | 0 | 1 |
| Urology | FY1  | 0 | 0 | 1 |
| Vascular Surgery | FY1  | 5 | 2 | 0 |
| Vascular Surgery | FY2  | 0 | 2 | 0 |
| Total |   | 123 | 182 | 81 |

All exception reports were sent to supervisors by e mail from the GOSW to request review with trainee/junior doctor, discussion of the events and to consider whether there should be a work schedule review. A decision was then made by trainee and supervisor for payment/time off in lieu (TOIL) and/or work schedule review where needed.

LED continue to exception report. Currently approximately 20% reports are from LED. We continue to work to ensure LED have access to ER and are encouraged by seniors to report.

**Exception Reports for missed training opportunities:**

There were 0 reports this quarter for missed training opportunities.

**Work schedule reviews**

There have been no work schedule reviews this quarter.

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| **4.0** | **Issues arising, actions taken to resolve issues and ongoing concerns** |

4.1 **Qualitative information (Highlighted in the executive summary):**

Issues arising, actions taken to resolve issues and ongoing concerns:

1. **Industrial action by junior doctors.** Juniors have felt the strain of IA and support has been offered by staff support services throughout these periods. The trust has communicated well with juniors and arranged meetings for questions before each IA. HR have discussed payment and any concerns about payment for IA that has brought to GOSW attention has been dealt with quickly.

Juniors have also been impacted by strike action by other groups and will need to be supported through the consultant strikes that are planned.

1. **Acute medicine/general medicine remains an area of concern** with the highest number of reports by department. However, exception report numbers have dropped in this quarter for the first time since Q1 2022-23. As seen in the graph below, Q1 often sees a drop in reports due to winter pressures easing and juniors becoming more familiar with departments.

The majority of reports 22/39 (56%) are from foundation year 1 (FY1) doctors.

*Actions taken:*

* The consultant team in medicine continue to be very supportive and engaged with their trainees and junior doctors and keen to improve their experience. Consultants make time for supervision and assessment of trainees/juniors and make time to discuss exception reports. In general reports are discussed quickly and trainees are signed off for payment or TOIL in a timely manner. There is a feeling of team work within the department with consultants present and accessible.
* GOSW regularly attends induction in medicine to discuss exception reporting and where to access support for wellbeing
* Long term work force strategy for medicine is being reviewed at senior level and is being led by Sam Gooden
* Evaluation of the Physician Associate pilot with possibility of extended PA work out of hours
* Escalation of locum shifts policy being reviewed at a senior level
1. **Exception reporting and ISC in cardiology is discussed above**
2. **4. Exception reporting by Locally Employed Doctors:**
* First exception reports received in Q4 2022-23 from LED. In this quarter 20% (16/81) reports were from LED.
* LED and IMG leads continue to encourage reporting and increase awareness of the access for LED to reporting. The GOSW attends IMG induction as well as AMU induction to discuss importance of reporting.
* The GOSW is aware that some ER from LED may have been missed due difficulties differentiating trainees and LED on the reporting system. HR are reviewing all access details to ensure these are correct.
1. **ENT rota and work schedules**

A senior trainee highlighted that the work schedule she had been provided with did not represent the work undertaken. GOSW and HR have met with the department manager and education lead and a new work schedule is being issued.

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| **5.0** | **Implications** |

5.1 **Vacancies by Department :**

GOSW has met with HR to discuss how best to record this accurately. Previous reports have displayed vacancies for trainees and did not include LED and rota gaps created by unfilled posts from this group. HR are working on creating new tables to include number of trainees and LED on each rota and then number of unfilled posts (including gaps created by LTFT posts).

This data is still being reviewed and should be prepared for Q1 2023-2024.

5.2 **Fines**

No fines have been levied this quarter.

5.3 **Fine funds:**

Funds were absorbed into hospital finances and no new fines added since 2019. After meeting with finance, a new account for GOSW will be set up and the approx. £9000 remaining from fine funds will be transferred to this account. These funds will then be used to benefit the education, training and working environment for doctors in conjunction with the JDF. Fine funds used for food a JDF during this quarter. Further spending of this money will be discussed with JDF.

5.4 **Finances:**

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| Wellbeing Fund | £60,833.33 |
| Total Funds Used\* | £27,937.25 |
| **Remainder** | **£32,896.08** |

5.5 Progress is being made with refurbishment of the doctor’s mess.

Redecoration took place Feb/March 2023 and the mess presidents are creating a list of furniture and accessories for the room. Funding for this will come from the well-being fund.

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| *\*Breakdown of used funds**Item/area of Expenditure*  | *Total Funds Used* |
| *Glideaway Beds*  | *£3,005.10* |
| *Chairs for Anaesthetic Room* | *£597.00*  |
| *Pillows, linens for Drs Mess* | *£100.00* |
| *Install of two new shower rooms adjacent to Drs Mess and refurbishment of water closet* | *£19,269.85* |
| *Furnishings and resources for Emergency Department Staff Break Area* | *£4,965.30* |

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| **6.0** | **Recommendations** |

6.1 The Committee is asked to:

1. Note the Guardian of Safe Working’s report.