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| --- | --- | --- | --- |
| **Meeting Title:** |  | | |
| **Date:** |  | **Agenda No** |  |
| **Report Title:** | Guardian of Safe Working, Quarter 4 (Jan 2023-March 2023)  St George’s Site | | |
| **Lead Director/**  **Manager:** | Luci Etheridge (site CMO St George’s) | | |
| **Report Author:** | Rosy Wells, Guardian of Safe Working | | |
| **Presented for:** | Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)  (select using highlight) | | |
| **Executive Summary:** | Key points for board to note:   * Continued high pressures on juniors over winter period. Highest number of exception reports for one quarter ever received. * Exception reports received from locally employed doctors for first time * Junior doctor industrial action in March and April 2023 * Acute medicine/general medicine remains an area of concern with the highest number of exception reports over this quarter * Cardiology is also an area of concern with many exception reports and immediate safety concerns reported * Doctor’s mess has been redecorated. Awaiting refurnishing using wellbeing funds. | | |
| **Recommendation:** | Committee are asked to receive and note the Guardian of Safe Working’s report. | | |
| **Committee Assurance:** | The Committee is also asked that in considering contents of this report, its supporting documents and the discussion at the meeting which of the following assurance rating it would provide to the Trust Board.   * **Substantial Assurance:** The report and discussions assured the Committee that there are robust systems of internal controls operating effectively to ensure that quality and safety risks are managed to deliver high quality services and care to patients. * **Reasonable Assurance:** The report and discussions assured the Committee that the system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that quality and safety risks are managed to deliver high quality services and care to patients. * **Limited Assurance:** The report and discussions supported the Committee’s conclusion that that the system of internal controls is generally inadequate or not operating effectively and significant improvements were required to ensure that the quality and safety risks are managed effectively to improve the position and ensure that high quality services and care is provided to patients. * **No Assurance:** The report and discussions led the Committee to conclude that there was a fundamental breakdown or absence of core internal controls and systems to enable the Trust to deliver high quality services and care to its patients. | | |
| **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:** | 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. | | |
| **Legal/Regulatory:** | Compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Update 2019 | | |
| **Resources:** | Funding for overtime payments, fines and service charges arising from work schedule reviews  Administrative support for the role of Guardian | | |
| **Equality and Diversity:** |  | | |
| **Previously Considered by:** |  | **Date** |  |
| **Appendices:** |  | | |

**Guardian of Safe Working Report, Quarter 2 (July 2022-Sept 2022)**

**1.0 PURPOSE**

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.

**2.0 CONTEXT**

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

Number of doctors / dentists in training (total): 567

Number of doctors / dentists in training on 2016 TCS (total): 524

Number of locally employed doctors working on junior rotas: 213

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.

**3.0 Exception Reporting Jan-March 2023 (Q4)**

|  |  |
| --- | --- |
| **Exception Reports (ER) over past quarter** | |
| **Reference period of report** | 01/01/23 - 31/03/23 |
| **Total number of exception reports received** | 185 |
| **Number relating to immediate patient safety issues** | 15 |
| **Number relating to hours of working** | 180 |
| **Number relating to pattern of work** | 3 |
| **Number relating to educational opportunities** | 2 |
| **Number relating to service support available to the doctor** | 0 |
|  |  |
| ***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.* | |
|  |
|  |

**Immediate Safety Concerns**

There were 15 immediate safety concerns (ISC) reported in quarter 4.

**Cardiology:**

Thirteen reports came from one junior doctor working in Cardiology.

Many reports were received >2 weeks after the reported incident due to problems accessing the exception reporting system. No ISC had been highlighted to senior colleagues on the day of shift.

On review of the repots, 12 of the 13 ISC were downgraded from ISC.

The junior reported missing breaks and working additional hours (an average of 1h 45 mins extra time per report) in the reports but no significant concerns were raised about patient or staff safety in these reports.

However, these reports were new to cardiology and still represented a significant increase in reports and in the extra hours worked. The GOSW met with the junior to discuss the concerns about work load and rota.

There were 4 further ERs from another junior in Cardiology for this period and two further ERs from the same juniors that were not reported as ISC. This represents a significant spike in reports from the speciality.

One ISC was upheld:

The junior reported:

With current physical and mental labour, I cannot ensure full attention and focus on patient care, especially since I haven't had a break for more than 5 minutes either due to urgent issues overlapping each other

THE GOSW discussed the reports with the educational supervisor (ES) and care group lead (CGL) for Cardiology and meeting took place between juniors on the rota, consultants and CGL within the department. Feedback from the meeting to address the workload included:

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

The GOSW will continue to monitor the situation in Cardiology including the number of exception reports. The GOSW will meet with the juniors to review whether strategies have been helpful.

If there are ongoing concerns, a work schedule review will take place. I have encouraged all juniors to exception report.

**Acute Medicine:**

Two ISC reports were received from one junior in acute medicine. Both were upheld. The junior had reported concerns to her consultant at the start of the shift. No additional junior cover was found but extra consultant cover was provided. The escalation policy for cover of empty shifts is being reviewed at senior level.

ISC comments from the junior:

ISC Comments

1. 2 FY1s for a ward of 28 acutely unwell Senior health patients. 1 registrar cross covering but not on ward. Patient safety concern as not enough doctors to safely ensure all urgent jobs are done.
2. Under minimum staffing on ward. Myself (FY1) and PA - only 1 medical prescriber (myself) for 28 ASHU patients.

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

Exception reports by speciality and grade for Quarter 4 Jan-March 2023 with comparison quarter 3

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

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.

**Exception Reports for missed training opportunities:**

There were 2 reports this quarter for missed training opportunities. Both were sent to DME for review.

**Work schedule reviews**

There have been no work schedule reviews this quarter.

**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.

**Fines**

No fines have been levied this quarter.

**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.

**Finances:**

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

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* |

**Junior Doctor Forum**

JDF continues monthly with good attendance.

**Themes discussed:**

* LED study leave- survey sent to all depts regarding current procedure
* Poor access to computers- juniors are asked to highlight within departments to management
* Escalation of locum rates- policy is being reviewed currently to ensure equity across trust
* Discussion about IA and junior doctor rights/pay

**JDF successes so far:**

* Wider engagement and good attendance
* Rep from PGME now present
* Representation from LED/IMG

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

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

1. **Acute medicine/general medicine remains an area of concern with a high number of exception reports**

There continues to be a significant number of reports from trainees in medicine -a pattern recognised for some time. Q4 traditionally sees a drop in reports, but this was not the case during Q4 2022-23, with 94 reports- the highest number of reports recorded for medicine in any quarter.

The majority of reports 59/94 (63%) are from foundation year 1 (FY1) doctors.

The increased number of exception reports for this period in medicine is likely due to:

* IA from other staff groups
* Winter pressures ongoing
* Staff shortages including sickness
* LEDs starting to join trainees in exception reporting

Trainees report staying late to complete tasks and report a high number of patients and patients of high acuity. There have been high levels of sickness in the workforce resulting in doctors looking after more patients, cross covering and staying late.

The high workload is recognised across the hospital and is evident in the waiting times and times to be seen in the emergency department and difficulties with flow of patients who no longer meet criteria to reside.

*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

**2. Exception reporting by Locally Employed Doctors:**

* Twenty six percent (47/ 182) of reports were received from locally employed doctors. This is first quarter we have received reports from LED.
* This reflects the hard work by LED and IMG leads to encourage reporting and increase awareness of the access for LED to 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.
* **BMA wellbeing charter (appendix 1)**

GOSW has been reviewing the trust’s compliance with the wellbeing charter and will continue to review and update with HR and BMA rep.

Appendix 1: Wellbeing charter- action plan

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| --- | --- | --- | --- | --- |
| **Fatigue and Facilities charter** | **Currently undertaking** | **Action Holder** | **F&F money allocated** | **Notes** |
| **Rostering and rota design** |  |  |  |  |
| –– When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available. | Y | HR- Steph/Blessy | No | departments design rotas but overseen by HR |
| –– Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts. | Y | HR- Steph/Blessy | No | departments design rotas but overseen by HR |
| –– Give adequate recovery time after nights to re-establish normal sleep patterns – at least 46 hours after completing the final night shift. | Y | HR- Steph/Blessy | No | As per contract |
| –– Design rotas with no more than four long shifts in a row, a maximum of seven consecutive shifts and no more than 72 hours in a 168-hour period. | Y | HR- Steph/Blessy | No | as per contract |
| –– Emergency requests for cover should stay within these limits. | N | HR- Steph/Blessy, Rosy GOSW | No | May be difficult due to nature of "Emergency requests" meetings with individual departments regarding contract rules |
| –– Provide clearly rostered breaks that comply with rest/break entitlements. For example, for junior doctors: • under the 2002 terms and conditions: at least 30 minutes’ continuous rest after approximately four hours’ duty • under the 2016 terms and conditions: at least one 30-minute paid break for a shift rostered to last more than five hours, and a second 30-minute break for a shift of more than nine hours. | N | HR- Steph/Blessy | No | Ensure that work schedules include details of break entitlements when sent out |
| –– Support a team-based ‘hospital at night’ approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night. | N | HR-Steph/Blessy | No | To discuss current policies in place in medicine/surgery |
| –– Help doctors to raise issues with missed breaks – eg through monitoring or exception reporting systems – and create action plans committing the employer to ensure all breaks are taken. | Y | Rosy- GOSW | No | Exception reporting |
| –– Ensure rosters and staffing numbers take account of the need to give the full allocation of annual, study, and other kinds of leave, with enough flexibility for doctors to take leave when sufficient notice is given. | Y | HR- Steph/Blessy | No |  |
| –– Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave. | N | HR/GOSW | No | Ideal situation that Trust is working towards |
| **Induction and training** |  |  |  |  |
| –– At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice. | N | Rosy- GOSW | No | Not done at medical induction, Rosy to establish whether this is done at local level. Consider video for medical induction |
| –– Offer regular screening of shift workers for primary sleep disorders. | N | Rosy- GOSW | No | Rosy to discuss how this is managed in other trusts |
| –– Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it. | N | Rosy- GOSW | No | Rosy to discuss with the well being team |
| –– Give information about the location of rest facilities and how to access them. | Y | Local induction lead | No | At local induction |
| –– Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks, or rostering problems. | N | Rosy-GOSW | No | ?to be done at medical induction video |
| **Common room or ‘mess’** |  |  |  |  |
| –– Provide an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks. | Y | Rosy-GOSW | Y |  |
| –– Ensure nap/rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment. | Y | Rosy-GOSW | Y |  |
| –– Provide these areas on site for staff (not necessarily exclusively junior doctors), wherever is most appropriate: • lounge (with power points, telephone connection and TV aerial) • office/study area (with power points, telephone connection and internet access) • kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread) • changing facilities and showers • storage area including lockers for doctors • secure cycle storage | Y | Rosy-GOSW | Y | Codes for showers and bike storage to be obtained from security |
| **Catering** |  |  |  |  |
| –– Any catering facilities must: • be open 365 days a year • provide adequate, varied, efficiently served and freshly prepared meals • offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements • serve hot food for extended meal times for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7am. | Y | Catering- catherin Leak |  | No opening from 11pm to 7am. However microwave food available and microwave in mess |
| –– Make hot food available if the canteen is closed, through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary. | Y | Catherine Leak- catering |  |  |
| **Travel** |  |  |  |  |
| –– Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Refer to each department’s rotas to calculate the number of spaces required. | No |  |  | This is unlikely to happen due to lack of parking spaces. However, hospital is well served by public transport. |
| –– Where possible, provide an appropriate sleep facility for doctors advising that they feel unable to travel home after a night shift or a long, late shift due to tiredness. | Y | HR |  | Offered transport home (if driving) |
| –– Where this is not possible, ensure that alternative arrangements are made for the doctor’s safe travel home. | Y | HR |  |  |
| **Rest facilities for doctors working on-call** |  |  |  |  |
| –– Make sleep facilities available free of charge for all staff who are rostered or voluntarily resident on-call at night. An individual room should be provided, with: • a bed, of good quality, with linen changes every three days and for every new occupant • an independently controlled source of heating • towels, changed daily and for every new occupant • a telephone with access to hospital switchboard • electrical power points • adequate sound- and light-proofing to allow good quality sleep day and night. | Yes | HR | No | Either available at Pelican or funding for a local hotel |
| **Fixing problems** |  |  |  |  |
| –– Appoint a nominated employer representative for dealing with fatigue and facilities. | Y | GOSW |  | GOSW, JDF |
| –– Situations where standards set out in this charter are not met should be raised with the employer representative and an action plan brought to the LNC for agreement. | Y | GOSW |  | GOSW, feed back to LNC |
| –– The action plan should be implemented within six months of the date that the issue was raised. |  | GOSW |  |  |
| –– Occasions where an action plan is not implemented by the deadline should be included in the guardian of safe working’s quarterly report to the employer’s board, or for employers without such a guardian, reported directly to the board. | Y | GOSW |  | Have estates, facilities, well being and catering to attend JDF where issues can be raised. |