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, ANNUAL REPORT April 2022-2023** | |
| **Executive Lead(s)** | Richard Jennings, Group Chief Medical Officer | |
| **Report Author(s)** | Dr Rosy Wells, GOSW | |
| **Previously considered by** | People Committee-in-Common | - |
| **Purpose** | **For Assurance** | |

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| **Executive Summary** |
| This report summarises the issues for juniors working in the trust over the year 2022-23.  The year 2022-23 was not dominated for junior doctors by the covid 19 pandemic for the first time since 2020. However, it has been an equally difficult year for juniors due to high workload, pressures within the hospital and high levels of dissatisfaction/burnout amongst staff.  The first industrial action by junior doctors took place in March 2023 and this has been a stressful and difficult time for many of the juniors in the trust. Juniors were also impacted by strike action of other medical professionals (nurses, paramedics) during this year and face ongoing challenges with the planned consultant strikes.  **Key points for the board to note for the year 2022-23:**   1. New GOSW in post from Sept 2022 2. Highest level of exception reports for the year 2022-23 ever received 3. Acute/general medicine ongoing area of concern with high levels of reporting 4. First exception reports from locally employed doctors received in Q4 5. Mess redecoration in Q4. Review of BMA wellbeing charter and action points put in place 6. JDF active with increased engagement over the year 7. HEE visit for respiratory and haematology following NTS results. Trainees returned to Cardiothoracics. |

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| **Action required by People Committees-in-Common** | |
| The Committee is asked to:  Note the Guardian of Safe Working’s Report | |
| **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** | BMA Wellbeing Charter |
| **Appendix 2** | GOSW correlation with NTS survey results |

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| **Implications** | | | | | |
| **Group Strategic Objectives** | | | | | |
| Collaboration & Partnerships  Affordable Services, fit for the future | | | Right care, right place, right time  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.  Failure to ensure that doctors have adequate facilities and working conditions can risk safety and well being of doctors. | | | | | |
| **CQC Theme** | | | | | |
| Safe | Effective | Caring | | Responsive | Well Led |
| **NHS system oversight framework** | | | | | |
| Quality of care, access and outcomes  Preventing ill health and reducing inequalities  Finance and use of resources | | | People  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** | | | | | |
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| **Equality, diversity and inclusion implications** | | | | | |
| **Environmental sustainability implications** | | | | | |
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**Guardian of safe working annual report 2022-23**

**People Committees-in-Common**, **22 September 2023**

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

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 have working hours that are safe and in compliance with the TCS.

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

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**High level data**

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 the year 2022-2023.

**Annual data summary**

The GOSW has not provided vacancy date for medical training grades (including local employed doctors on junior rotas) for the 2022-23 year. The GOSW is working with HR to try to improve the quality of reporting on vacancy data since we are aware that previous reports were inaccurate and did not include data about trust grade/locally employed doctors or changes in rotas to accommodate changes in staff numbers and LTFT slots. After analysis and review of rotas across different departments, we plan to provide more reliable and useful data over the coming year

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

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1. **GOSW**

Dr Serena Hayward stepped down as GOSW in August 2022 and was replaced by current GOSW Dr Rosy Wells in September 2022. The trust thanks Serena Hayward for her hard work and commitment during her time in post.

1. **Exception Reporting**

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| **Exception Reports (ER) over year 2022-23** | |
| **Reference period of report** | 01/04/22 - 31/03/23 |
| **Total number of exception reports received** | 601 |
| **Number relating to immediate patient safety issues** | 21 |
| **Number relating to hours of working** | 581 |
| **Number relating to pattern of work** | 7 |
| **Number relating to educational opportunities** | 11 |
| **Number relating to service support available to the doctor** | 2 |
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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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The board should note the high number of exception reports received for this year- on average 1.65 reports each day. This represents the highest number received since reporting started after the T and Cs of the 2016 came in to affect and is higher than the numbers we saw prior to the covid 19 pandemic.

The increased number of reports is a reflection of the high levels of pressure and work load on juniors in the trust and it is important to acknowledge this and, as a trust, work to ensure reports are reviewed and acted upon to improve conditions for juniors.

However, in some ways, high levels of reporting can be seen in a positive light since it reflects

* Engagement of junior doctors in the process of reporting
* Juniors feeling able and supported to exception report by senior colleagues
* Locally employed doctors starting to exception report

The GOSW plans to work towards increased engagement with exception reporting in under-represented areas over the coming year.

**Exception reports by year:**

**Immediate Safety Concerns (ISC):**

Of the 21 ISCs received over the year, 5 were upheld. These were all discussed with the departments and appropriate measures taken. This included support for the trainees involved and implementation of changes within departments to avoid recurrence of issues.

Many of the ISC related to staff shortages and cross covering. The implementation of a trust locum escalation policy will be helpful to ensure consistency across the trust and prevent rota gaps and cross cover.

1. **Exception reporting in general/acute medicine**

The continued high pressures within acute/general medicine are reflected in the highest number of exception reports ever in Q4 for the department and the highest number reports for the year 2022-23.

The increased number of exception reports for this year is likely (at least in part) to:

* IA from other staff groups
* Winter pressures that were particular high and lasted longer
* Staff shortages including high levels of sickness
* LEDs starting to join trainees in exception reporting
* Problems with the H@N IT system causing delays to finish times

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.

*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. Dr Fu, in charge of medical induction, is excellent at ensuring juniors are encouraged to ER.
* 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 which has now been extended to substantive posts
* Locum escalation policy being written at senior level
* H@N software to be replaced in 2024

1. **Exception reports from LED:**

Quarter 4 2022-23 saw the first exception reports submitted from LEDs.

* Twenty six percent (47/ 182) of reports were received from locally employed doctors in Q4.
* 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.

1. **Doctor’s mess redecoration in Q4.**

Mess redecorated in March 2023. Currently looking at refurnishing using the wellbeing funds. Review of BMA Wellbeing charter and actions (Appendix 1).

1. **JDF active with increased engagement over the year**

New co-chairs for the JDF in position from October 2022. Increased engagement with JDF with improved attendance at monthly meetings noted over last 6 months. In part, this may be due to industrial action and juniors seeking help/advice with this.

* JDF have made plans for better handover for chairs and for identifying representatives from different departments/training grades at change over times.
* IMG and LED representatives now in attendance for meetings.
* Well being and staff support attendance at every JDF to discuss support available and engage with juniors.

1. **HEE visits to Haematology and Respiratory.**

**Haematology:**

HEE leaner and educator review in December 2022. As per requirements, GOSW ensured all juniors were given log ins for exception reporting. Information and instructions for exception reporting updated on SGH internet.

GOSW e mailed and met with juniors in Haematology to discuss exception reporting and ensure all were able to access this.

Juniors reported to GOSW that they were frequently working extra hours and doing admin in their own time. They were advised to exception report these so that evidence could be collected of extra work done and juniors paid for additional work.

Contact also made with consultants in the department to encourage exception reporting and to ensure consultants had log ins.

No exception reports received in Q1 or 2.

Disappointingly, only 2 reports for extra hours received in Q3 from a senior trainee despite discussions and reported extra working. One report received in Q4 for extra hours worked (see Appendix 2).

Following the most recent GMC NTS survey results, GOSW has ensured all new juniors have access to exception reporting and is meeting with the juniors to discuss concerns and ensure engagement with ER.

**Respiratory:**

Following HEE Learner and educator review Nov 2022, all mandatory requirements met. GOSW involved in reviewing BMA Fatigue and Facilities Charter and ensuring action points and plans put in place (Appendix 1). Most recent NTS report improved.

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

* 1. 6.1 The board is asked to:

1. Note the guardian of safe working’s report.

*Appendix 1:*

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. |

*Appendix 2:*

Appendix 1: GOSW Correlation on GMC NTS outcomes

**GP Prog - Paediatrics and Child Health**

No exception reports for Q1 or Q2 2022-23

For Q3- 11 reports received for extra hours worked. 10 of these reports from 2 different GP trainees. GP trainees reported staying at handover late (usually 15-30 mins late)

GOSW e mailed CGL for paediatrics about handovers. QIP was in place at the time to try and improve efficiency of handover and ensure juniors leaving on time.

One GP trainee also questioned study leave policy as some private study leave was not honoured due to staffing shortages. GOSW e mailed college tutor and rota co-ordinator and reassured that SL honoured where possible but not in all cases due to service needs (as per contract). An education exception was submitted for this.

For Q4- 15 reports in Paediatrics. All from one GP trainee regarding extra hours worked. These were mostly due to handover over running in the evening usually 30 mins extra). All singed off for TOIL or payment. Ongoing work in paediatrics about handover.

**Psychiatry F1**

No contact from psychiatry trainees to GOSW/via JDF for year 2022-2023

No exception reports submitted

**Intensive care medicine**

No direct contact from Intensive Care Medicine trainees to GOSW/via JDF.

For Q3- one exception report for missed training opportunity from FY2 as missed a mandatory training day. GOSW e mailed FY coordinator to ensure mandatory training days are e mailed to rota coordinators to ensure leave can be accommodated.

For Q4- one exception report for CT2 who worked additional 2 hours to complete a referral

**Paediatric surgery**

No contact from juniors directly to GOSW/via JDF

No exception reports submitted 2022-23

**Haematology**

HEE leaner and educator review in December 2022- as per requirements, GOSW ensured all juniors were given log ins for exception reporting. Information and instructions for exception reporting updated on SGH internet.

GOSW e mailed and met with juniors in haematology to discuss exception reporting and ensure all were able to access this.

Juniors reported to GOSW that they were frequently working extra hours and doing admin in their own time. They were advised to exception report these so that evidence could be collected of extra work done and juniors paid for additional work.

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