

1.0 INTRODUCTION

1.1 Background

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 state:

- The Guardian reports to the Board of the employer, directly or through a committee of the Board, as below.
- The Board must receive a Guardian of Safe Working (GoSW) Report no less than once per quarter. This report shall also be provided to the Junior Local Negotiating Committee (JLNC), or equivalent. It will include data on all rota gaps on all shifts.
- The Board is responsible for providing annual reports to external bodies as defined in these Terms and Conditions, including Health Education England (HEE-Local office), Care Quality Commission (CQC), General Medical Council (GMC) and General Dental Council (GDC). 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 shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g. Health Education England, NHS England / Improvement) to find a solution.

2.0 Summary of Information

2.1 High level data

Number of Doctors and Dentists in Training on 2016 TCS	246
Number of GP trainees hosted by Trust	31
Guardian of Safe Working Hours	2PA/week
Administrative support to GoSW	0.2 WTE
Safe Working Advisor	tbc

2.2 Summary of Exception Reports

Exception Reports (ERs)	Number	Comments
Hours ERs	28	
Education ERs	1	
Pattern of work ERs	1	
Service support ERs	1	
Total ERs for the period	31	1 Guardian fine (GF)

**Table 2
Exception Reports**

Doctor Ref	Rota I.D, Grade & Ward	Speciality/Ward	Site	No. of Exceptions	Issues/Concerns	Actions and/or Resolutions
Dr A	RKF 014 ENT CT, GPVTS & FY2	Otolaryngology (ENT)	PRH	1	Missed rest-worked through breaks due to work intensity.	Reference period for missed breaks not achieved for further Exception Report (ER) to be raised if recurrent episodes. No Further Action.
Dr B	RKF 009 ENT FY1	Otolaryngology (ENT)	PRH	1	Workload intensity caused doctor to workover.	Payment agreed.
Dr C	RLZ 007 Surgery FY1	Colorectal	RSH	11	Missed –rest- 4 ER's relate to working through breaks due to workload intensity and shortage of staff. 7 ER's relate to workload intensity, short staffing (some due to Covid-19 and self-isolating colleagues) and 1 due to admin error on rota/ communication issue resulting in work over.	Reference period for missed breaks not achieved. Further Exception Reports to be raised if recurrent episodes. (No more than 25 % missed over 4 weeks therefore no breach fine). Outcome-TOIL for 2 hours and payment for 7 hours over quarter (not exceeded 48 hr average) A work schedule review organised (see below).
Dr D	RFK 006 Medicine FY1	Care of Elderly	PRH	1	Requested to support AMU RSH due to staff shortages. Workload intensity caused workover.	TOIL agreed.
Dr E	RFK Medicine On-Cover FY1	General Medicine cover shift	RSH	2 (GF)	Staff shortages and workload intensity resulting in workover which and a reduction of rest between shifts.	ER1 – TOIL ER2 – TOIL and Work Schedule Review-D/W Deputy lead-plan to ask F1 to handover to AMU F1 in evening. Breach fine applied x2 due to insufficient rest between shifts.
Dr F	RKF 006 Medicine FY1	Ward 22R	PRH	2	Short staffing and Workload intensity resulting in workover.	Payment and TOIL agreed.

Dr G	RLZ 015 Medicine FY1	Cardiology	RSH	1 (Edu)	Due to short staffing and workload intensity doctor returned to ward to help complete jobs resulting in missed educational opportunity and workover	Staffing reviewed on ward. TOIL agreed
Dr H	RKF 006 Medicine FY1	Geriatric Medicine	PRH	1	Short staffing and workload intensity resulting in workover.	Payment agreed
Dr I	RLZ 014/028 Medicine ST1-2 & FY2	Care of Elderly	RSH	6	JD moved from parent ward to provide extra support due to staffing shortages on Ward 27	Discussions held with Deputy Lead for Medicine/Director of Medical Education (DME) /GoSW and Supervisor.-Rota reorganised for Junior Doctors to share the extra support required for W27. TOIL agreed-6 hours
Dr J	RLZ 007 Surgery FY1	Colorectal	RSH	1	Due to short staffing and workload intensity doctor worked over.	TOIL agreed
Dr K	RLZ 013 Medicine ST3+	Gastroenterology	RSH	1	Doctor felt a difference in the support available during service commitments due to staff shortages.	Gastrointestinal Medicine Induction (GIM) to be reviewed. No Further Action. Referred to governance meeting.
Dr L	GPVTS/ FY2	General Practice		1	Lunch break not scheduled into shift as teaching took place straight after morning clinic. Due to workload intensity afternoon clinic ran over which caused workover.	Lunchtime teaching was additional and not compulsory. In regards to work over GP practice is reflecting on how to ensure trainees can discuss each case with trainer No further action
Dr M	RKF 001 Anaes ST1- 2	Anaesthetics	PRH	1	Due to workload intensity doctor worked over.	TOIL agreed
Dr N	RLZ 014/028 Medicine ST1-2 & FY2	General Medicine	RSH	1	Due to short staffing and workload intensity doctor worked over.	Exceptionally busy day-incorrect support on rota (Locum unavailable) TOIL agreed

2.3 Comments

2.3.1 Surgery Division

In the last report concerns were raised to the Board of Directors regarding the Surgical weekend cover shift and the difficulties completing daily tasks in the rostered time on the Colorectal ward. Junior Doctor Forums have been reintroduced albeit poorly attended due to work commitments. A time protected forum has thus been arranged for November with compulsory attendance. In future all Exception Reports will be reviewed by the educational lead. There are further informal reports of all Foundation Doctors working over. It remains unclear why the JDs prefer not to Exception Report but this will be encouraged again at the forum and by the Foundation Programme Director.

The GoSW is advised that a work schedule review has taken place in this Division, with a plan to implement a ward based cover roster with the December rotation. There are no immediate plans to increase the JD workforce.

2.3.2 Medicine and Emergency Care Division

The GoSW is advised that the Division continue to observe a ward minimum staffing level with respect to Junior Doctors.

The redistribution of doctors from their parent wards to assist in areas of increased work intensity is often noted as a reason for raising an Exception Report as doctors tend to work over in these circumstances. Junior Doctors identify that this practice impacts on their training.

The GoSW has been assured by the Deputy Lead that on these occasions the doctors are moved to areas where the patients have similar demographics with general medical consultant supervision.

A recently appointed rota co-ordinator will be solely responsible for organising ward cover in the future. All annual and study leave requests will be strictly monitored and confirmed by the rota co-ordinator rather than an individual Consultant.

2.4 Breach Fines

In accordance with Schedule 5 Note 15 of the TCS JD Contract the Guardian of Safe Working can apply a fine to a department where such concerns are shown to be correct in relation to '*Where 11 hours rest in a 24 hour period has not been achieved*'.

Two fines of £47 each have been levied to the Medical Division as it was reported that insufficient rest had been achieved between shifts as a consequence of work over on the cover shift PRH. In future the JD will hand over to the AMU F1 to prevent a recurrence.

3.0 Immediate Safety Concerns (ISC)

No ISC's were submitted during this quarter.

4.0 Rota Gaps and Deanery Vacancies

Table 3

Rota Gaps				
Department	Site	Grade	Months Vacant	How Gap was Filled
Surgery	RSH	Teaching Fellow	August September October	Post not on rota
Vascular Surgery	RSH	ST3+	August September	Rota slot covered by Laparoscopic Colorectal Fellow
Upper GI Surgery	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum and additional FY2
Colorectal Surgery	RSH	GPVTS	August September October	Rota slot covered by agency locum
Colorectal Surgery	RSH	CT1	August September October	Rota slot covered by agency locum
Anaesthetics	PRH	CT1	August September October	Gap managed by department
Anaesthetics	RSH	ST3+	October	Gap managed by department
Anaesthetics	RSH	CT1	August September October	Gap managed by department
Anaesthetics	RSH	CT1	August September October	Gap managed by department
Oral Surgery	PRH	DCT	August	Rota slot covered by agency locum
ENT	PRH	ST3+	August September	Rota slot covered by agency locum
ENT	PRH	GPVTS	August September October	Rota slot covered by bank doctor
Ophthalmology	RSH	Clinical Fellow Oculoplastics	August September October	Post not on rota
Oncology	RSH	Senior Clinical Fellow	August September October	Gap managed by department
Oncology	RSH	Senior Clinical Fellow	August September October	Gap managed by department
Oncology	RSH	Junior Clinical Fellow	August September	Gap managed by department
General Practice	Community	FY2	August September October	Based outside of Trust, cover not required
ED	PRH	Junior Clinical Fellow	August September	Rota slot covered by agency locum
ED	PRH	Junior Clinical Fellow	August September	Rota slot covered by agency locum
ED	RSH	ST3+	August September October	MOD post, cover not required
ED	RSH	Junior Clinical Fellow	August September	Rota slot covered by agency locum
ED	RSH	Junior Clinical Fellow	August	Rota slot covered by agency locum
ED	RSH	Junior Clinical Fellow	August September	Rota slot covered by agency locum
Gastroenterology	PRH	ST3+	September October	Gap managed by department
Gastroenterology	PRH	ST3+	September October	Gap managed by department

Care of the Elderly Medicine	PRH	ST3+	September October	Gap managed by department
AMU	PRH	ACCS	August September October	Rota slot covered by agency locum
AMU	PRH	GPVTS	August September October	Gap managed by department
Respiratory Medicine	PRH	GPVTS	August September October	Rota slot covered by agency locum
Respiratory Medicine	PRH	GPVTS	August September October	Rota slot covered by agency locum
Renal Medicine	PRH	Junior Clinical Fellow	August	Gap managed by department
General Medicine	PRH	Junior Clinical Fellow	August	Gap managed by department
General Medicine	PRH	Junior Clinical Fellow	August September	Gap managed by department
General Medicine	PRH	Junior Clinical Fellow	August September October	August - Gap managed by department September/October - Rota slot covered by agency locum
General Medicine	PRH	Junior Clinical Fellow	August September October	Gap managed by department
General Medicine	PRH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
Care of the Elderly Medicine	PRH	FY1	August September October	Rota slot covered by agency locum
Cardiology Medicine	RSH	Senior Clinical Fellow	August September October	Gap managed by department
Respiratory Medicine	RSH	ST3+	August September October	Gap managed by department
Gastroenterology	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
General Medicine	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
General Medicine	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
General Medicine	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
General Medicine	RSH	Junior Clinical Fellow	August September October	Rota slot covered by agency locum
General Medicine	RSH	Junior Clinical Fellow	August September October	Rota slot covered by additional FY2
Oncology	RSH	FY2	September October	Rota slot covered by agency locum
Respiratory Medicine	RSH	FY1	August September October	Rota slot covered by agency locum
Obs & Gynae	PRH	Clinical Fellow Infertility	August September October	Post not on rota
Paediatrics	PRH	ST4+	September October	Rota reviewed to accommodate vacancy
Paediatrics	PRH	ST4+	September October	Rota reviewed to accommodate vacancy
Paediatrics	PRH	GPVTS	August September October	Rota reviewed to accommodate vacancy
Paediatrics	PRH	GPVTS	August September October	Rota reviewed to accommodate vacancy

- 4.1 The GoSW has received an assurance from the Medical Staffing Improvement manager that in future this data will be presented in a format that enables the Board of Directors to view all rota gaps on all shifts as required by the TCS.
- 4.1.2 There are staffing issues in paediatrics.
- 4.1.3 Of the 10 Tier 2 posts only 6.4 have been filled with this reducing further to 5.4 as of 10 December 2021. Currently trainees have agreed to move onto a 1:7 rota from a 1:8.
- 4.1.4 The Neonatal Junior trainees posts are fully staffed with a further 1 GPVTS post unfilled.
- 4.1.5 To date, the Trust has been unsuccessful in recruiting the additional 3 Trust grade doctors to fully staff the 6 posts available.
- 4.1.6 Significant vacancies were noted in Emergency care in August largely filled by locum shifts.
- 4.1.7 A Foundation Doctor expansion programme commencing in 2023 will represent an opportunity for the Trust to offer four new rotations for the twelve additional Foundation doctors.

5.0 Locum Bookings by Agency and Bank

- 5.1 No data received from Medical Staffing at time of writing.

6.0 Locum Bookings by Trainee


Key	
Actual hours worked per week	
	Trainees who have exceeded the average 48hr weekly limit and have not opted out of WTR

Table 5

Locum work by trainee							
Specialty	Grade	Number of Shifts Worked	Number of hours worked	Number of hours rostered per week	Actual hours worked per week	Opted out of WTR?	Comments
Oral & Max Fax Surgery (PRH)	DCT1-3	5	19.5	47.5	49	N	
Paediatrics (PRH)	ST3+	1	4.5	47.5	48	N	
General Medicine (RSH)	ST3+	2	25	44	46	N	
Anaesthetics (RSH)	ST3+	1	3.5	47	47.5	Y	
General Surgery (RSH)	ST3+	1	24	44	46	N	
Obs & Gynae (PRH)	ST3+	4	41.5	47	50.25	Y	
General Surgery (RSH)	ST3+	3	37.5	44	47	Y	
General Surgery (RSH)	ST3+	1	9	44	44.75	Y	
Paediatrics (PRH)	ST3+	3	31.5	47.5	50	N	
Neonates (PRH)	ST3+	7	67	48	53.25	N	
General Surgery (RSH)	ST3+	1	12.5	44	45	N	
Obs & Gynae (PRH)	ST3+	6	60.5	47	51.75	N	
Paediatrics (PRH)	ST3+	2	18	47.5	49	N	
Anaesthetics (PRH)	ST3+	1	12.5	42	43	N	
Anaesthetics (PRH)	ST3+	3	35.5	42	44.75	N	
Obs & Gynae (PRH)	ST3+	5	18	47	48.5	N	
Obs & Gynae (PRH)	ST3+	3	18.5	47	48.5	Y	
General Medicine (PRH)	IMT1-2	3	20.48	45.5	47.25	N	

Anaesthetics (RSH)	ST3+	6	75	47	52.75	N	
General Medicine (PRH)	ST3+	3	34.5	44	46.75	N	
Urology (RSH)	ST3+	2	30	45.75	48.25	N	NROC
General Medicine (PRH)	ST3+	1	4.5	44	44.5	N	
Ophthalmology (RSH)	ST3+	1	16	47.5	48.75	N	NROC
Oral & Max Fax Surgery (PRH)	ST3+	10	186	47.5	61.75	N	NROC
Paediatrics (PRH)	ST3+	2	26	47.5	49.5	N	
Paediatrics (PRH)	ST3+	2	25.5	47.5	49.5	Y	
Trauma & Orthopaedics (PRH)	ST3+	1	9	47.5	48.25	N	NROC
General Medicine (RSH)	IMT1-2	1	12.5	45.75	46.75	Y	
General Medicine (PRH)	ST3+	2	17	44	45.5	Y	
General Medicine (PRH)	ST3+	1	12.5	44	45	N	
General Surgery (RSH)	FY2	2	13	47	48	Y	
Paediatrics (PRH)	ST3+	2	9	47.5	48.25	N	
ENT (PRH)	ST3+	1	15	47.25	48.5	Y	NROC
General Medicine (RSH)	ST3+	1	12.5	44	45	N	
General Medicine (RSH)	ST3+	7	72	44	49.5	Y	
Trauma & Orthopaedics (RSH)	GPVTS	7	73.75	46.5	52.25	N	
General Medicine (RSH)	IMT1-2	1	4.5	45.75	46.25	N	
General Surgery (RSH)	ST3+	1	3.5	44	44.5	N	
Obs & Gynae (PRH)	ST1-2	2	16.5	47.5	49	N	
General Medicine (RSH)	ST3+	1	5	44	44.5	Y	
ED (RSH)	GPVTS	1	8.83	41	41.75	N	
Anaesthetics (RSH)	ST3+	1	3.5	47	47.5	N	
ED (RSH)	CT1-2	2	12.25	42.75	43.75	N	
Neonates (PRH)	ST1-3	1	12.5	47	48	N	
Paediatrics (PRH)	ST3+	9	107.5	47.5	55.75	N	
ED (PRH)	GPVTS	15	126.75	41	50.75	N	
Trauma & Orthopaedics (PRH)	CT1-2	2	6.5	47.25	47.75	N	
General Medicine (PRH)	ST3+	5	62.5	44	49	N	
General Surgery (RSH)	ST3+	1	12.5	44	45	N	
General Medicine (PRH)	ST3+	5	54.5	44	48.25	N	
Paediatrics (PRH)	ST1-2	2	21.5	44.5	46.25	N	
General Medicine (PRH)	GPVTS	4	32	45.5	48	N	
Paediatrics (PRH)	ST1-2	2	25	44.5	46.5	N	
Neonates (PRH)	ST3+	2	19.5	48	49.5	N	
General Medicine (PRH)	ST3+	11	129.5	44	54	N	
Obs & Gynae (PRH)	ST3+	5	52	47	51	Y	
Paediatrics (PRH)	GPVTS	13	124.75	44.5	54	N	
General Medicine (RSH)	IMT1-2	2	20.5	45.75	47.5	N	
Trauma & Orthopaedics (PRH)	FY2	1	4	47.25	47.75	N	
General Medicine (PRH)	ST3+	4	26	44	46	N	
Anaesthetics (RSH)	CT1-2	1	12.5	47	48	Y	
GP	FY2	4	50	40	44	Y	
Paediatrics (PRH)	GPVTS	6	57.75	44.5	49	N	
General Medicine (RSH)	ST3+	5	62.5	44	49	N	
ENT (PRH)	CT1-2	1	5	46.75	47.25	N	
Paediatrics (PRH)	GPVTS	1	9	44.5	45.25	N	
General Medicine (RSH)	IMT1-2	2	20.5	45.75	47.5	N	
General Medicine (PRH)	IMT1-2	2	25	45.5	47.5	N	
General Medicine (PRH)	FY2	3	34.98	45.5	48.25	N	
Trauma & Orthopaedics (PRH)	FY2	1	12.5	47.25	48.25	Y	
General Medicine (RSH)	CT1-2	1	4.5	45.75	46.25	N	
Trauma & Orthopaedics (RSH)	FY2	4	31.5	46.5	49	Y	
Neonates (PRH)	FY2	1	11	45	46	Y	
Anaesthetics (PRH)	FY1	4	18	40	41.5	Y	
ED (PRH)	CT1-2	2	16	41	42.25	Y	
General Medicine (RSH)	FY2	1	7	45.75	46.5	Y	
General Medicine (RSH)	IMT1-2	22	240.75	45.75	64.25	N	
General Medicine (PRH)	GPVTS	22	236.5	45.5	63.5	N	
ED (PRH)	GPVTS	1	10.75	41	42	N	
General Medicine (PRH)	FY2	1	12.5	45.5	46.5	N	
ENT (PRH)	FY2	1	12.5	46.75	47.75	N	
ED (RSH)	FY2	1	2	43.25	43.5	N	
General Surgery (RSH)	FY1	4	32	46.5	49	N	
GP	FY2	5	62.5	40	45	N	
General Medicine (PRH)	FY2	2	25	45.5	47.5	N	
General Medicine (RSH)	FY2	1	12.5	45.75	46.75	N	
ED (RSH)	FY2	1	8.25	43.25	44	N	
ED (RSH)	FY2	5	42.5	43.25	46.5	N	
General Surgery (RSH)	FY2	5	63.5	47	52	N	
General Medicine (RSH)	FY2	3	33	45.75	48.5	N	
General Medicine (PRH)	FY2	1	3	45.5	45.75	Y	

General Medicine (PRH)	FY1	1	4.5	47.25	47.75	N	
General Medicine (RSH)	FY1	6	51.75	47.25	51.25	N	
General Surgery (RSH)	FY1	4	51	46.5	50.5	N	
ENT (PRH)	FY1	2	12.5	41	42	N	
General Medicine (PRH)	FY1	10	63.44	47.25	52.25	Y	
General Medicine (PRH)	FY1	9	44	47.25	50.75	Y	
General Surgery (RSH)	FY1	1	3.5	46.5	47	Y	
General Surgery (RSH)	FY1	1	12.25	46.5	47.5	Y	
General Surgery (RSH)	FY1	4	26.5	46.5	48.75	N	
General Medicine (PRH)	FY1	3	13.5	47.25	48.5	N	
General Medicine (RSH)	FY1	1	4.5	47.25	47.75	N	
<i>Total</i>		353	3456.73				

6.1 Comments

- 6.1.1** In previous reports the GoSW has highlighted concerns regarding JDs who might breach safe limits by undertaking locum shifts. Concerns have since been raised regarding the process in place when our trainees undertake additional hours. Previously data has provided evidence of the occurrence of breaches in safe limits.
- 6.1.2** We have identified trainees who have breached the 48 hr safe limit in this quarter.
- 6.1.3** In most instances the doctors have not opted out of the Working Time Directive (WTD). It remains the choice of the trainee whether to opt out or not however the doctor is required to ensure that additional hours of work do not breach the safety and rest requirements.
- 6.1.4** It remains the responsibility of the Trust to ensure doctors work within their safe limits.
- 6.1.5** In this quarter the GoSW was alerted by medical staffing to a JD who accepted a locum whilst breaching the safe limits. The locum shift was authorised by the Trauma and Orthopaedic team. This concern was escalated to the Medical Director.

7.0 Risks and Actions

7.1 Rota Compliance

- 7.1.1** The GoSW is in communication with the Medical Staffing Improvement manager and has an assurance that rotas are currently under review.
- 7.1.2** The GoSW continues to rely on Exception reporting to identify breaches in safe limits as many rotas are managed outside of medical rostering. All rota co-ordinators and managers are reminded of the rota rules by Medical Staffing
- 7.1.3** In this quarter the GoSW was alerted by Medical Staffing to a JD who accepted a locum whilst breaching the safe limits. This locum was authorised by the Trauma and Orthopaedic team. This concern was escalated to the Medical Director.

7.2 Data collection

7.2.1 The GoSW is in communication with the Medical Staffing team and is assured that this data will be available in the future.

7.3 Exception Reporting Process

This process is robust although the GoSW team is finding it increasingly difficult to close reports. In the main our Supervisors address reports in a timely manner. However recently it is noted that some are unaware of their responsibilities in this respect. The Supervisors will be asked to take part in a survey to assess their expectations of the role .Following this the GoSW intranet page(s) will be updated with further guidelines.

7.4 Junior Doctor Engagement

7.4.1 The GoSW attended JD induction in July and August and welcomed over 140 new JDs and introducing them to Exception reporting process in the Trust

7.4.2 Sub-speciality forums continue to be held throughout together with the GoSWs own forum at 3 monthly intervals.

7.4.3 Two drop in sessions were held in October sponsored by the BMA. JDs enjoyed a pizza lunch and an opportunity to discuss any issues with the GoSW, Education team, Medical Staffing and our Freedom to Speak Up colleagues. The Co-Medical Director joined the PRH meeting together with our new Keele Medical Students.

8.0 Summary

- The GoSW is advised that a work schedule review has taken place with a plan to implement a ward based cover roster with the December rotation in Surgery to address concerns raised.
- Data continues to provide evidence breaches in safe limits where JDs accept additional hours through locum work. The GoSW awaits feedback in this respect.
- The GoSW has received assurance that a review of the data collection with respect to identifying gaps on rotas and rota compliance is taking place in Medical Staffing.

9.0 Recommendation

The Board is asked to read and note this report.

**Guardian of Safe Working Hours
Dr Bridget Barrowclough
November 2021**