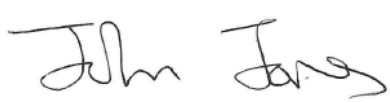


## Board of Directors' Meeting 10 March 2022

<b>Agenda item</b>	049/22			
<b>Report</b>	Guardian of Safe Working Hours (GoSW) Report 01 Nov 21 – 31 Jan 2022 Dr Bridget Barrowclough			
<b>Executive Lead</b>	Acting Medical Director - Dr John Jones			
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance		Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance		BAF3, BAF4, BAF8	
	For decision / approval		<b>Link to risk register:</b>	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
<b>Presented to:</b>	-			
<b>Dependent upon</b> (if applicable):	-			
<b>Executive summary:</b>	<p>It remains the requirement of the Junior Doctor (JD) Contract 2016 for the Trust Guardian of Safe Working Hours (GoSW) to hold responsibility for ensuring that issues of compliance with safe working hours are addressed in accordance with its Terms and Conditions (TCS). This report provide data around safe working hours filed in reports by junior doctors in training for Q2 2021/2022.</p> <p>As highlighted in previous reports the collection and interpretation of data relating to the safe working of junior doctor workforce continues to challenge Trusts both locally and nationally.</p> <p>However, the GoSW now has confidence that following a transformation project taking place in the Trusts medical staffing department the Board will in due course be provided with sufficient information to gain the assurance they require.</p>			
<b>Appendices</b>	n/a			
				

## 1.0 Background

- 1.1 The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 state:
- 1.2 The Guardian reports to the Board of the employer directly or through a committee of the Board as below.
- 1.3 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 Joint Local Negotiating Committee (JLNC), or equivalent. It will include data on all rota gaps on all shifts.
- 1.4 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).
- 1.5 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
- 1.6 A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Trust Chief Executive. This report shall also be provided to the JLNC or equivalent.
- 1.7 Where the Guardian has escalated a serious issue in line with Terms and Conditions paragraph 10(d) and the issue remains unresolved, the Guardian must submit an exceptional report to the next meeting of the Board.
- 1.8 The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

## 2.0 Summary of Information

### 2.1 High level data

Number of Doctors and Dentists in Training on 2016 TCS	212
Number of GP Trainees hosted by Trust	26
Guardian of Safe Working Hours	2PA/week
Administrative support to GoSW	0.2 WTE
Safe Working Advisor	Not in post

## 2.2 Summary of Exception Reports

Table 1 Exception Reports Overview		
Exception Reports (ERs)	Number	Comments
Hours ERs	15	Guardian Fine (GF)
Education (Edu) ERs	1	
Pattern of work ERs	0	
Service support ERs	1	Immediate Safety Concern (ISC)
<b>Total ERs for the period</b>	<b>17</b>	

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 012 Orthopaedic FY2 & CT	Trauma & Orthopedic Surgery	PRH	1	Workload intensity caused Trainee to workover.	Outcome: Payment
Dr B	RFK Medicine On-Cover FY1	General Medicine	PRH	2	ER 1 – Workload intensity and staff shortages caused Trainee to workover.  ER 2 – Workload intensity and staff shortages caused Trainee to workover.	Outcome: TOIL  Trainee was asked to cover a different medical speciality due to a rota gap Outcome: Payment
Dr C	RKF 003 A&E ST1-2 & FY2	Accident and Emergency	PRH	2 (1 GF)	Workload intensity and delay in handover caused Trainee to workover on both occasions.	Outcome: Payment
	RKF 012 Orthopaedic FY2 & CT	Trauma & Orthopaedic Surgery	PRH	2	Late handover cause Trainee to workover.	Outcome: No Further Action Trainee disagreed outcome. Discussed with Medical Leadership team.
Dr D	RLZ 007 Surgery FY1	General Surgery	RSH	2	Missed all breaks during nightshift  Workload intensity caused Trainee to workover.	25% missed rest not achieved Outcome: No Further  Recurrent theme of workover -trainee completed rotation however work

						schedule review undertaken.
Dr E	RFK 014 ENT CT, GPVST & FY2	Otolaryngology (ENT)	PRH	1 (ISC)	Workload intensity due to vacancy and staff shortages due to sickness caused Trainee to workover.	Outcome -Clinical Supervisor discussed with Medical Staffing in order to improve the communication of vacant shifts.
Dr F	RLZ 007 Surgery FY1	General Surgery	RSH	4	Workload intensity and staff shortages caused Trainee to workover on all four occasions.	The Work Schedule: A ward based FY1 system implemented in Dec to improve the weekday workload. Friday handovers re-introduced to improve weekend tasking.  Outcome: Work Schedule Review completed and Payment
Dr G	RFK Medicine On-Cover FY1	General Medicine	PRH	1	Workload intensity and staff shortages caused Trainee to workover.	Outcome: Payment
Dr H	RFK 005/015 Medicine ST1-2 & FY2	General Medicine	PRH	1	Workload intensity and staff shortages caused Trainee to workover.	GoSW advised payment. <b>Clinical Supervisor to complete discussion</b>
Dr I	RFK 005/015 Medicine ST1-2 & FY2	Cardiology	PRH	1 (Edu)	Workload intensity and staff shortages caused Trainee to workover	Outcome: TOIL

## 2.3 Comments

### 2.31 Surgery Division

Following several concerns raised by the foundation doctors the GoSW joined the Director of Medical Education (DME), Foundation Programme Directors' and the educational manager to carry out an internal Quality and Assurance review

The intention to identify areas of good practice and to investigate issues raised by the trainees regarding their working environment.

These concerns had been highlighted at Junior Doctor Forums (JDFs), via the exception reporting process, within the National Education Training Survey (NETS) and the GMC Training Survey and directly to the DME and the GoSW.

Reports highlighted

- that in house teaching rarely took place and trainees were often unable to attend weekly foundation teaching due to rota gaps
- a perception of an excessive and unfairly distributed workload between the clinical teams
- a recurrent theme of workload intensity on the weekend cover shift were also discussed
- it was commonplace for trainees to work over their rostered hours by late finishes and by commencing work earlier than rostered to meet the demands of the job.

Soft intelligence obtained suggested that in some areas there was a culture to not investigate exception reports.

The surgical unit has historically been allocated 15 Foundation Doctors (6 FY1s Colorectal, 3 FY1s Upper GI, 2 FY1s Vascular, 2 FY1s Urology, 1 FY2 Vascular and 1 FY2 Colorectal).

The review met with 7 foundation trainees including 1 trainee who had previously worked in the department. This session was followed by a discussion with several Consultants within the surgical division and a member of the operational team.

Subsequent feedback from trainees confirmed an improved situation since the department introduced a ward-based system for the FY1s in December 2021.

The workload appeared to be more manageable and distributed more fairly amongst the teams. It was noted that the weekend cover shift remained extremely busy for 1 FY1 and a registrar. Trainees felt that an additional Foundation Doctor would be safer.

The department is currently in the process of filling a number of vacancies .

Due to Covid and various gaps on the rota it was evident that the department has had workforce challenges over the past 2 years. It was felt support needed to be provided by the Trust to create a permanent rota coordinator role.

The panel felt that the current staffing model was not sustainable.

The GoSW is informed that live rostering has since been introduced to manage the surgical foundation trainees rotas. This system will help provide reassurance that these rotas will remain compliant

This report has been shared with the Deputy Medical Director.

## **2.32 Medicine and Emergency Care Division**

Exception Reports received in this quarter generally reference staffing shortages due to vacancies and staff sickness.

### **2.321 Breach Fines**

One fine of £202 has been levied to the Emergency Department. It was reported that insufficient rest had been achieved between shifts as a consequence of workover and a change to scheduled FY2 teaching the following day. The emergency division rota coordinator and Medical Staffing were informed of the change in the timetable but due to annual leave the notification was not picked up.

### **2.322 Immediate Safety Concerns (ISC)**

One ISC was submitted because of reducing staffing due to a known vacancy in the ENT department. The supervising Consultants were aware of the situation and had made a risk assessment and although not optimal, it was felt that due to the low ward numbers and the senior support available, the situation was manageable.

The report was addressed promptly, and the contractual obligations fulfilled. It was felt that there had been an issue in Medical Staffing in identifying and filling the gaps in ENT.

This has since been discussed and resolved.

## **3.0 Rota Gaps and Deanery Vacancies-data unavailable**

The GoSW is advised that the Medical Staffing department are currently undergoing a transformation project.

As part of their improvements, they will develop and ratify the medical establishment.

The only data produced by Medical Staffing for this report is included in tables 3 and 4 and provides the Board with a representation of data expected to be available in the future.

### 3.1 Table 2

Number of Doctors and Dentists in Training on the 2016 T&C's				
Month	EM & Med	Variance	Total Number	Variance
Nov-21	81	71.68%	215	76.79%
Dec-21	81	71.68%	210	75.00%
Jan-22	81	71.68%	210	75.00%

### 3.2 Table 3

Number of GP Trainees Hosted by the Trust				
Month	EM & Med	Variance	Total Number	Variance
Nov-21	17	89.47%	29	74.36%
Dec-21	11	57.89%	24	61.54%
Jan-22	11	57.89%	24	61.54%

The data used to populate these tables is taken from a list of HEE posts allocated to the trust and ESR staff lists pulled by the ESR team.

A foundation doctor expansion programme commencing in 2023 will represent an opportunity for the Trust to offer four new rotations with twelve additional foundation doctors.

### 3.3 Locum Bookings by Agency and Bank – data unavailable

### 3.4 Locum Bookings by Trainee - data unavailable

### 3.5 Comments

The GoSW has received an assurance from Medical Staffing that all locum bookings are now scrutinised for breaches prior to booking.

It remains the responsibility of the Trust to ensure doctors work within their safe limits and for trainees to adhere to the guidance.

## 4.0 Risks and Actions

### 4.1 Data Collection

The GoSW is aware that since November 2021 the Medical Staffing department has reviewed and revised its priorities. This has been presented to the Executive Directors as the 'One People-One Plan'

As part of their improvements, they are currently developing and ratifying the medical establishment.

Following the implementation of their plans the GoSW has the confidence that in time all data will be provided in a format that enables the GoSW to assure the Board that our trainees are working within the TCS of JD Contract 2016.

## **5.0 Rota compliance**

The GoSW has received an assurance from the Medical Staffing Improvement Manager that all junior doctor rotas are currently under review. Eventually e-rostering will be introduced throughout the Trust giving the Medical Staffing Department complete oversight.

As reported previously, the GoSW continues to rely on exception reporting to identify breaches in safe limits as currently many rotas are managed outside of rostering within the Medical Staffing Department. These rotas are not live.

## **6.0 Exception Reporting process**

This process is robust although the GoSW team is challenged at times to close reports due to limited information from the clinical supervisors.

In the main clinical supervisors address reports in a timely manner, but sometimes fail to communicate their findings. A considerable amount of time is exhausted in chasing reports to meet the contractual obligations.

In December 2021 supervisors were invited to take part in a survey to assess their expectations of the role. Of the 180 invited 26 responded.

As follow up to the comments in the survey results the GoSW intranet page will be updated with additional information on addressing reports. Further details explaining the process have also been linked to reminder emails to supervisors on receipt of an exception report.

In future, reminders will be sent to clinical supervisors addressing reports on days 1, 3, 6, 7, 14, 21, and 28.

The GoSW will continue to exercise their remit to advise of an outcome to the trainee at 7 days.

The Medical Director (or delegate) will be notified of clinical supervisors failing to confirm a discussion has taken place.

The GoSW will continue to forward a report to the monthly Medicine and Emergency Divisional meeting with a request that reports are discussed at clinical governance meetings.

All surgical reports will be reviewed by the educational lead and forwarded to the surgical Divisional Director.

## **7.0 Junior Doctor Engagement**

The GoSW attended the junior doctor Induction in July and August and introduced over one hundred and forty junior doctors to the exception reporting process.

Sub-speciality forums continue to be held as well as the GoSW led forum every 3 months.

Two further drop-in sessions sponsored by the BMA will be held in March and April 2022. These will provide an opportunity to discuss any issues with the GoSW, education team, Medical Staffing, and our Freedom to Speak Up colleagues. All junior doctors and medical students are welcomed.



## **8.0 Summary**

Once again, this report highlights a need to locally define the structure, mandate, terms of reference, and procedures that are vital in the Trust's ability to provide nationally mandated assurance in matters relating to safe working hours for doctors and dentists in training.

The GoSW has received assurance from the Medical Staffing Improvements Manager that a review of the data collection process with respect to identifying vacancies, gaps on rotas and rota compliance is taking place. The GoSW has the confidence that in due course this report will provide the Board with the assurances they require.

The Board is asked to receive this report as information provided from within the organisation on the measures being taken in relation to quality assurance and improvement.

## **9.0 Recommendation**

The Board is asked to **NOTE** this report.

**Guardian of Safe Working Hours**  
**Dr Bridget Barrowclough**  
**February 2022**