Board of Directors

Date:	27 March 2019	**Attachment Number:**	**12**
Title of Report:	**Guardian of Safe Working Quarterly Report Q2: Nov 2018 – January 2019**		
Purpose of the report and the key issues for consideration/decision:	Quarterly Guardian of Safe Working Report as necessitated by 2016 Terms and Conditions of Service		
Prepared by:	Dr Martin Kelsey, Guardian of Safe Working		
Presented by:	Karl Mainprize, Medical Director		

Strategic Objective(s) supported by this paper:

Financial Sustainability		**Empower & Engage Staff**	x
Quality of Care			

Is this on the Trust's risk register:

No	x	**Yes**		**If Yes, Score**	

Which CQC Standards apply to this report:

Have all implications related to this report been considered: (please X)

Finance Revenue & Capital		**Equality & Diversity**	X
National Policy/Legislation	X	**Patient Experience**	
Human Resources	X	**Terms of Authorisation**	
Governance & Risk Management (BAF)		**Other:**	

Action Required: (please X)

Approve		**Discuss**		**Receive for information**	x	**Decision**	

Previously Considered By:	**People Committee** **Quality & Safety Committee**	**Date:**	**20 March 2019** **20 March 2019**
Recommendations:	To receive and note.		

Guardian of Safe Working Quarterly Report Q2: Nov 2018 – January 2019
Board of Directors – 27 March 2019

1. Context / Background

Quarterly Guardian of Safe Working Report as necessitated by 2016 Terms and Conditions of Service

2. Executive Summary

Both the medical and surgical medical rosters remain reliant on locums to support service. Where we are unable to procure locums this can place additional stretches the medical workforce and has the potential to lead to delays in patient care.

Over the winter months there are ongoing issues with opening “winter pressure beds”. This is often necessitated at short notice and, as such, it is often not possible to secure additional medical staffing to look after the extra patients.

There remain ongoing issues with junior doctors being moved between wards, often at short notice, to look after patients in an unfamiliar environment, often with inadequate local induction and no immediate senior supervision.

Some rosters are compliant on paper but restrictive in terms of swaps which can make it difficult for trainees to access annual leave or study leave.

It may not be possible to resolve many of the above issues without expansion of the existing workforce.

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Q2 November 2018 – January 2019

Introduction

All doctors in training posts at Airedale Hospital are now employed under the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) [hereafter referred to as the New Contract]. As part of the new contract, the trust has appointed a Guardian of Safe working, the primary responsibility of which is to:

1. To act as the champion of safe working hours for doctors in approved training programmes within the Trust
2. Provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of the new terms and conditions of service.

In accordance with Schedule 6 of the new contract the Guardian of Safe Working should provide the Board with a Guardian of Safe Working Report not less than once per quarter. This report should include details of 'all rota gaps on all shifts' and shall also be provided to the LNC and newly formed Junior Doctors Forum. In addition, the guardian shall produce a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps.

High level data for Airedale Hospital NHS Trust. Data correct for period 1 April 2018 – 30th June 2018

Number of doctors required to staff rosters	112
Number of doctors in training allocated to trust by HEE:	91
Number of doctors in training posts filled	79
Number of non-training / SAS / F3 grades	26
WTE doctors on rosters	99
Total number roster gaps	13
Amount of time available in job plan for guardian to do the role:	1PA
Admin support provided to the guardian (if any):	0 hrs
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

Department Summary			
Specialty	Number Exception Reports	Concerns Raised	Interventions
Medical Specialities	37	Even taking into consideration rotation gaps, once annual leave and study leave are taken into account, there are insufficient junior doctors on the medical roster to manage the service without relying on locums. Juniors continue to struggle when winter pressure beds opened at times of increased activity Ongoing issues with ward swaps and juniors being asked to work away from their base wards	Medical Team are in currently creating business case to take on 3 x trainee ACP's to support the junior roster (see example exception reports below)
General Surgery / Trauma and Orthopaedics	10	Once annual leave and study leave are taken into account, there are insufficient junior doctors on the surgical roster to manage the service without requiring locums. Ongoing confusion regarding ownership and responsibility of surgical and Orthopaedic patients admitted to AAU which can result in delayed care of surgical patients	New surgical Roster introduced in February which provides 2 junior doctors on weekend day shifts and 1 overnight to support the CT1
Emergency Medicine	6	All reports from single registrar due to exceptionally busy period in the Emergency Department	Consultant roster has recently changed to provide 0800-0000 cover 7 days per week in order to reflect increased late evening / overnight activity
Paediatrics	7	Tight junior doctor rota leaves little scope for swaps. Informal reports that arranging annual leave and access to study leave / training can be difficult as a result. Several doctors on junior rotation working LTFT	Day to day repsonsibility of managing the junior roster is process of being moved to HR In the long term, the Paediatric department may need to consider how to expand the junior tier
Obstetrics and Gynaecology	1	Tight junior doctor rota leaves little scope for swaps. Informal reports that arranging annual leave and access to study leave / training can be difficult as a result.	I am meeting with the O&G team on Thursday 7th March to look at staffing options going forwards In the long term, the O&G department may need to consider how to expand the junior tier
General Practice	0	None	None
Anaesthetics	2	None	None

Palliative Medicine	2	None	None

a) **Exception reports (with regard to working hours)**

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions oumstanding
Medical Specialties	0	37	32	0
Surgical Specialties	0	10	10	0
Emergency Department	0	6	6	0
Paediatrics	0	7	7	0
Obstetrics and Gynaecology	0	1	1	0
Palliative Care	0	2	2	0
Anaesthetics	0	2	2	0
General Practice	0	0	0	0
Total	**0**	**65**	**65**	**0**

Q1 2018 - 2019 = 111 reports (81 medicine / 21 surgery)
Q2 2017 – 2018 = 71 reports (36 medicine / 32 surgery)

Exception reports by grade				
Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	28	28	0
F2		19	19	0
GPST / CT1-2 / ST1-2	0	8	8	0
HST	0	10	10	0
Total	**0**	**65**	**65**	**0**

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Accident and Emergency Junior	0	0	0	0
Accident and Emergency HST	0	6	6	0
Anaesthetics	0	2	2	0
General Medicine F1	0	19	19	0
General Medicine F2	0	9	9	0
General Medicine CT / GPST	0	2	2	
General Medicine HST	0	4	4	0
General Surgery F1	0	7	7	0
General Surgery F2	0	3	3	0
General Surgery CT1	0	0	0	0
General Surgery HST	0	0	0	0
O&G	0	1	1	0
Paediatrics	0	7	7	0
Palliative	0	2	2	0
Total	**0**	**65**		**0**

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
Total	**33**	**24**	**8**	**0**
Q1	**27**	**33**	**49**	**0**

In order to improve the exception report response time reports are now closed by the guardian of Safe Working.

Example Exception Reports:

"At 12:00 I recieved a phone call from **** asking me to move from ward 13/14 to the discharge lounge on ward 2 to complete five surgical TTOs. When I arrived the two juniors on there were incredibly stressed; hadn't had lunch yet (it was 1:45) and were reaching breaking point. One of them was from ward 4 and the other supposed to be on the normal ward 2.It soon became apparent that it wasn't just TTOs and jobs also needed doing. Two of the patients who were supposed to be for discharge needed further investigations and treatment in hospital. Others hadn't been told they were going home. The other juniors went for lunch and on return asked me to finish the jobs for the medical patients as they had to get back to their wards. I agreed as they had been doing some surgical jobs in the morning. The nurse had also had a number of jobs that urgently needed doing so I unfortunately left half an hour late. From what I witnessed today; ward 2 discharge lounge is not currently working. It certainly isn't full of patients waiting to be discharged. It has acutely unwell medical and surgical patients and is almost like a ward in its own right. I feel that no one is taking responsibility for these patients. An email was sent out at 13:00 today advertising ward 2 escalation as a locum. This was not filled and I throughly believe that I did that advertised shift. Leaving my surgical colleagues struggling upstairs and also putting myself at increased risk as I am primarily supposed to be computer based. The idea of the discharge lounge is brilliant; but it currently needs a lot more working out".

"I am emailing you today to highlight some serious concerns I would like to raise regarding the working environment I was exposed to today. Upon arrival to my base ward I was informed that I had to go to the Haem-Onc ward 19 due to staff shortages. Whilst I appreciate that can happen I do not feel that this was a safe decision to be made due to the highly specialist care this patient cohort require. I highlighted my concerns to ******* including informing him I had never worked on this ward before and felt I would be out of my depth but he told me there were no other options and given I am FY2 I needed to go there. Upon arrival to ward 19 no one could give me clear instructions of what my job role entailed and i did not know what was to be expected of me. I was covering a mixture of complex medical patients, all of whom i had never met before. The haematology consultant reviewed the two haematology patients and the endocrine registrar reviewed the endocrine patients. I was however expected to do jobs, look after the acutely unwell patients, review the respiratory and elderly patients, do discharge letters and review any sick patients on HODU. Whilst on HODU I was the only doctor available to see the oncology patients who were presenting with acute problems. I was expected to make difficult decisions regards discharging patients or admitting them to the AAU. I had no senior available within the hospital to come help me review patients and provide support in decision making which was extremely challenging when i had no prior experience of working in this department. This is a clear breach of patient safety and i was trying to do the job of 2 doctors. Despite being promised that other juniors would come to help me during the day with tasks such as discharge letters no one arrived till gone 3pm. It is not possible to be expected to cover 2 wards on my own without there being a risk of jeopardising patient care. Throughout this shift I worked straight for 9 hours and took no breaks. It is frustrating to feel that I left with a sense that I had still done an unsatisfactory job given the absent induction and complete lack of senior support that i encountered today. On a more general note, I would like to highlight that this is not the first time where I have been asked to move from my base ward and this is clearly jeopardising my learning opportunities. Given how on-call heavy the FY2 rota is I greatly value the time and learning opportunities spent on cardiology. Due to the cardiology ward opening the escalation bay it is now a mixture of cardiology and respiratory patients. I find that at least 50% of my time spent on standard days on cardiology is looking after respiratory patients. Having already done a respiratory job I wanted to gain experience and confidence in cardiology and I feel that the job is not currently fulfilling this. I would greatly appreciate if the above issues could be highlighted to senior management to avoid any of my colleagues having a similar day to the one I encountered today

b) **Work schedule reviews**

There have been no work schedule reviews in the period August –October 2019

c) **Locum bookings**

Raw data summarizing bank and locum fulfillment is presented in Appendix A

d) **Locum work carried out by trainees**

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?
A&E	Information not available	-	-	-	-	-
Acute Medicine	-	-	-	-	-	-
Anaesthetics	-	-	-	-	-	-
Elderly Medicine	-	-	-	-	-	-
General Surgery	-	-	-	-	-	-
O&G	-	-	-	-	-	-
Orthopaedics	-	-	-	-	-	-
Paediatrics	-	-	-	-	-	-
Respiratory Medicine	-	-	-	-	-	-
Stroke Medicine	-	-	-	-	-	-
Total						

e) **Vacancies (correct as of 1st February 2019)**

Specialty	Grade	Number of WTE doctors needed to safely manage rota	Number of WTE doctors in training allocated by HEYH	Number WTE training posts filled	Number of WTE non training grade / SAS doctors on rota	Total number of WTE doctors on rota	**Total Number of WTE gaps on rota**
Emergency Medicine	Junior	11	11	6 x WTE 1 x 60% LTFT	2	9	**2**
	Middle	8	4	4	4	7	**1**
General Medicine	Junior	28	25	22 x WTE 1 x 60% LTFT 1 x Supernumerary	2	25.5	**2.5**
	Middle	10	11	11	0	9	**1**
General Surgery / Ortho / Urology	Junior	10	10	10 (1 due to go 60% LTFT by 1st March)	0	10	**0**
	CT1	6	4	3	2	6	**0**
	Middle (Gen Surg)		2	2			**0**
	Middle (urology)		1	1			
Paediatrics	Junior	7	7 + 1 supernumerary	4 x WTE 2 x 80% LTFT 1 x 60% LTFT 1 x Supernumerary	1.5	7	**0**
Obstetrics and Gynaecoloy	Junior	6	6	4	0.5	5.5	**0.5**
	Middle Grade	8	4	2 (was 4 but 1 on mat leave and 1 left 25th Jan 19)	4	5.5	**2.5**
Anaesthetics	Junior	8	6	6	1	7	**1**
	Middle Grade	10	0	0	9	7.5	**2.5**

f) **Fines**

No fines were issued in this quarter. At present it is extremely difficult to identify whether an exception reports would trigger a fine as this would necessitate manually cross checking each report against the particular trainees roster. Trainees have been advised about fines and are advised to inform me if they believe a fine may have been triggered. Adoption of an e-rostering solution would make identification of potential fines easier.

g) **Other Issues / activities**

1. Rota change policy agreed at Junior Doctors Forum in January 2018 outlining steps that must be taken to safeguard against unsafe implementation of new rosters. Once agreed at JLNC this will become a live document
2. The surgical CT1 team have been working closely with Ian Hargreaves and the surgical nursing team to improve use of H@N bleep
3. Exception Reporting now available to Trust Doctors / Non Trainees

Executive Summary

Both the medical and surgical medical rosters remain reliant on locums to support service. Where we are unable to procure locums this can place additional stretches the medical workforce and has the potential to lead to delays in patient care.

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There remain ongoing issues with junior doctors being moved between wards, often at short notice, to look after patients in an unfamiliar environment, often with inadequate local induction and no immediate senior supervision.

Some rosters are compliant on paper but restrictive in terms of swaps which can make it difficult for trainees to access annual leave or study leave.

It may not be possible to resolve many of the above issues without expansion of the existing workforce.

Questions for consideration

I ask the board to note this report.

Trainees are mostly working safely and that where issues have arisen I am working with trainees and departmental leads to identify and implement workable solutions.

Appendix 1

Locum Fulfillment Reports


November Fulfilment report.xlsx


December Fulfilment.xlsx


January Fulfilment.xlsx