Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
27th June 2019

AGENDA ITEM	15.4	
TITLE OF PAPER	**Guardian of Safe Working Annual Report 2018/19**	
Confidential	**YES**	
Suitable for public access	**NO**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
None		
STRATEGIC OBJECTIVE(S):		
Quality Of Care		Creating a learning organisational and culture of continuous improvement to reduce repeated harms and improve patient experience.
People		Being a great place to work and be a patient, where we listen, empower and value everyone
Modern Healthcare		Delivering the most effective and efficient treatment and care by standardising the delivery and outcome of clinical services.
Digital		Using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patient.
Collaborate		Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve
EXECUTIVE SUMMARY		
	This is the second ASPH Annual GoSW report. This report is a distillation of the four Quarterly reports that have been presented to the WOD and People Committee since April 2018. This report, like the Quarterly reports, is based around a NHS Employers template to aid consistency and benchmarking. This paper summarises the Exception Reports (ERs), rota gaps and most importantly those gaps that have remained unfilled within the period. These unfilled gaps put our doctors in training at risk of both working unsafe hours in respect to time but also workload intensity and as such can be used as a marker of safe working within the organisation. Such risk may have a deleterious effect on the ability to provide high quality and safe patient care. Key Points: • The number of Exception Reports (ERs) has progressively increased over the course of the year. This coincides with increased activity over	

	the winter period. • ERs continue to come predominantly from Foundation Doctors (F Drs). Medicine continues to be the major user of the ER system. • The GoSW has introduced a new analysis of the causes of ERs. This will enable him to quantify and monitor the root causes of ERs. By tackling the root causes we should be able to reduce the number of ERs and improve the working hours and conditions of our trainee doctors. • Rota gaps have remained fairly static over the course of the year, however they remain higher than last year. Unfilled gaps have increased from 4% in Q1 to 16% in Q4. • The GoSW has not seen any evidence of identifiable patient harm in ERs submitted over the year. • There is a lack of regional or national benchmarking which would enhance the value of this report. In conclusion, the GoSW can offer assurance to the Board that our rotas are compliant with safe working hours and Junior Doctors feel able to ER when their working hours exceed their agreed schedule. The GoSW is reassured that there have been no instances of patient harm as a result of over working. The Trust provides excellent rest facilities for Junior Doctors. Rota gaps continue and the Trust has been successful in filling these with bank staff and reducing agency use. The GoSW cannot gauge the true extent of unfilled shifts as currently he does not know what proportion of the total number of shifts are comprised of rota gaps. The data only relates to unfilled rota gap shifts.
RECOMMENDATION:	
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	There has been a steady increase of ERs throughout the year culminating in the highest number in Q4:201 compared to Q1:51, Q2:108, Q3:159. Winter pressures have undoubtedly contributed to this increase in Q4. There is also an increased willingness to submit ERs as the system becomes embedded for new junior doctors. Rota gaps remain a challenge. Unfilled gaps are at 16% in Q4 (4% in Q1). Bank fill has decreased to 79% in Q4 (Q1 93%). The above figures I believe are a reflection of markedly increased demands over the winter. The Trust will need to reflect on this data in preparation for next winter.
Patient impact	Trainees working beyond their contracted hours, intensity of workload and lack of senior support are factors that may impact patient care. I could not identify any evidence of individual patient harm.

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Employee	The ER system compensates trainees for overworking by paying for the extra hours worked or giving time off in lieu. We have an excellent rest facility at the Trust which is being used regularly. This will help with trainee well-being. The FTSW is well attended and continues to be an effective sounding board for trainee working hours and conditions.
Other stakeholder	
Equality & diversity	
Finance	Pay for additional hours worked by junior doctors
Legal	This report is a requirement of the 2016 Junior doctor contract.
Link to Board Assurance Framework Principle Risk	BAF 1.4 Workforce aligned with acuity and demand BAF 3.1 Inability to recruit and retain BAF 3.2 Valued and motivated staff
AUTHOR	Dr Pardeep Gill, Guardian of Safe Working
PRESENTED BY	Dr Pardeep Gill
DATE	21st June 2019
BOARD ACTION	Assurance

Ashford and St. Peter's Hospitals
NHS Foundation Trust

GUARDIAN OF SAFE WORKING ANNUAL REPORT FOR

DOCTORS AND DENTISTS IN TRAINING

Covering April 2018 – end of March 2019

Guardian of Safe Working (GoSW) – Dr Pardeep Gill

1. EXECUTIVE SUMMARY

This is the second ASPH Annual GoSW report. This report is a distillation of the four Quarterly reports that have been presented to the WOD and People Committee since April 2018. This report, like the Quarterly reports, is based around a NHS Employers template to aid consistency and benchmarking.

This paper summarises the Exception Reports (ERs), rota gaps and most importantly those gaps that have remained unfilled within the period. These unfilled gaps put our doctors in training at risk of both working unsafe hours in respect to time but also workload intensity and as such can be used as a marker of safe working within the organisation. Such risk may have a deleterious effect on the ability to provide high quality and safe patient care.
Key Points:

- The number of Exception Reports (ERs) has progressively increased over the course of the year. This coincides with increased activity over the winter period.
- ERs continue to come predominantly from Foundation Doctors (F Drs). Medicine continues to be the major user of the ER system.
- I have introduced a new analysis of the causes of ERs. This will enable me to quantify and monitor the root causes of ERs. By tackling the root causes we should be able to reduce the number of ERs and improve the working hours and conditions of our trainee doctors.
- Rota gaps have remained fairly static over the course of the year; however they remain higher than last year. Unfilled gaps have increased from 4% in Q1 to 16% in Q4.
- I have not seen any evidence of identifiable patient harm in ERs submitted over the year.
- There is a lack of regional or national benchmarking which would enhance the value of this report.

In conclusion I can offer assurance to the Board that our rotas are compliant with safe working hours and Junior Doctors feel able to ER when their working hours exceed their agreed schedule. I am reassured that there have been no instances of patient harm as a result of over working. The Trust provides excellent rest facilities for Junior Doctors. Rota gaps continue and

the Trust has been successful in filling these with bank staff and reducing agency use. I cannot gauge the true extent of unfilled shifts as currently I do not know what proportion of the total number of shifts are comprised of rota gaps. The data only relates to unfilled rota gap shifts.

2. INTRODUCTION

This report focuses on ERs, rota gaps, and the number of unfilled shifts, the steps taken to address the effects of these and areas for ongoing monitoring and review.

The data presented below will show the level of rota gaps and the impact on working conditions and ERs.

High level data

Number of doctors / dentists in training (total): 204
Annual vacancy rate among this staff group: 6.95 % (last year 7%)

3. ANNUAL DATA SUMMARY

The tables below summarise the ER data, rota gaps and the shifts unfilled over the 12 month period covered by my four Quarterly Reports.

Exception Reports per Quarter

Exception Reports 2018/19		**Exception Reports 2017/18**	
Q4	**201**	**Q4**	
Q3	**159**	**Q3**	**284**
Q2	**108**	**Q2**	**126**
Q1	**51**	**Q1**	**117 (over 4 months)**

Rota Gap breakdown per Quarter

	Q1 18/19	**Q2 18/19**	**Q3 18/19**	**Q4 18/19**	**Grand Total**
Agency filled	55	61	106	121	**343**
Bank filled	1623	2059	1692	1652	**7026**
Unfilled	70	154	252	330	**806**
Grand Total	**1748**	**2274**	**2050**	**2103**	**8175**

	Q1 18/19	**Q2 18/19**	**Q3 18/19**	**Q4 18/19**	**Grand Total**
Agency filled	3.15%	2.68%	5.17%	5.75%	**4.20%**
Bank filled	92.85%	90.55%	82.54%	78.55%	**85.94%**
Unfilled	4.00%	6.77%	12.29%	15.69%	**9.86%**
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Grand Total
F1	171	199	184	226	**780**
Bank filled	168	195	184	226	**773**
Unfilled	3	4			**7**
F2	359	560	443	683	**2045**
Agency filled	16	15	14	66	**111**
Bank filled	302	484	396	556	**1738**
Unfilled	41	61	33	61	**196**
Specialist Registrar	1218	1515	1423	1194	**5350**
Agency filled	39	46	92	55	**232**
Bank filled	1153	1380	1112	870	**4515**
Unfilled	26	89	219	269	**603**
Grand Total	**1748**	**2274**	**2050**	**2103**	**8175**

4. ISSUES ARISING

- There has been a progressive increase in ERs over the course of the year. It is important to see this in context as the Q1 figures for this year were unusually low. Winter pressures undoubtedly lead to an increase in ERs. Additionally I believe part of the increase is due to an increased willingness over the course of the year to submit ERs as the process becomes embedded and is seen as usual practice.

- The most junior doctors, F Drs, account for the vast majority of ERs (87%). It is unusual for higher trainees to submit an ER. In terms of specialties, Medicine accounts for 67% of ERs.

- The rota gap rate over the course of the year has been relatively stable. The metric where we have seen a significant change is in unfilled shifts (Q4 16%, Q1 4%). This has coincided with winter pressures and the peak in ERs. It would be very useful to know what proportion of the total shifts worked by Junior Doctors are classified as rota gaps. I would then be able to interpret the true extent of unfilled shifts. The Trust is currently unable to provide an answer to this. I understand a Trust wide electronic rostering system for the medical workforce is being considered.

- We have seen a high number of ERs and concerns raised at the Forum of Trainee of Safe Working (FTSW) regarding the AMU ward. In my view the AMU is the busiest ward in the hospital due to the acuity of the patients and their high turnover. The ERs have arisen due to a lack of Junior Doctors and a lack of senior supervision. In response to this I convened a work schedule review (WSR) which is discussed later in this report.

- Winter pressures are a predictable event for acute hospitals. We have seen a significant rise in ERs as the hospital has got busier. This situation has been compounded by an increase in unfilled shifts as the Trust enters its busiest time of year. These issues will need to be addressed in our organisation's winter planning. I am aware the Trust is actively seeking to recruit medical staff from abroad. Given the difficulties in recruiting

doctors, the Trust may want to explore different ways of working with an expansion of non-medical roles. Effective rostering is another consideration. This is something which can be readily applied and I have seen positive results with the work I have been involved with in AMU (see below).

- A limitation I feel is the lack of benchmark data available regionally or nationally e.g. percentage of ERs per grade of doctor, specialty contribution to ERs, percentage of unfilled rota gaps in other Trusts, vacancy rates etc. This information would be useful to allow me to gauge local activity.

5. ACTIONS TAKEN

- A WSR took place in December 2018 in response to challenges on the AMU. Working with the DD for Medicine and the FTSW we have introduced a package of changes: rota redesign to avoid on call clashes, switched timing of mandatory training afternoons, rationalisation of responsibilities of junior doctors within the team and the introduction of a temporary emergency consultant rota to provide better support for junior doctors. This has led to tangible improvements on the AMU.

- It had become clear to me there are a number of recurring themes which either contribute to an ER or are a consequence of the exception. In Q3 I started a formal analysis of these. The emerging themes are:

    - Lack of junior doctors
    - Lack of senior support.
    - Location of ERs e.g. AMU.

    - Any immediate safety concerns.
    - Unable to attend teaching.
    - Attending teaching compromised the wards.

  It is early days, but I have seen improvements in the lack of senior support, immediate safety concerns and ability to attend teaching.

- All ERs stating immediate safety concerns are brought to my attention and I have analysed all of these. The term in reality has been used to describe either working conditions which are very busy and intense or the view that if the doctor left on time then important clinical work may not have taken place. In certain cases where I felt there was a possibility of patient harm I have contacted the individual doctor involved. I am reassured that there have not been any instances of identifiable patient harm.

- The new Junior Doctor Contract requires Trusts to provide adequate rest facilities for junior doctors to avoid having to drive home after a shift. Following a trial period commencing in August 2018, the Trust have been able to provide excellent rest facilities on site. These are easily accessible and of good quality. The feedback has been very positive and is appreciated by the junior doctors.

6. SUMMARY

- We have seen a quadrupling of ERs over the course of the year. This needs to be seen in the context of unusually low ERs in Q1. I am not unduly concerned about the level of ERs as

in some respects, as with Datix reporting, this can be seen as indicative of a healthy reporting culture where Junior Doctors feel able to ER.

- In my view there are 2 red flag areas. The first is the immediate safety concern element of an ER. I have reviewed all the ERs where an immediate safety concern has been raised. The vast majority relate to shifts being very busy and intense. Where I felt there has been a potential for patient harm, I have contacted the doctors involved personally. I am reassured that there have not been any instances of patient harm relating to an ER. Going forward I will also be triangulating the reporting of these instances of potential patient harm on ERs, with the Datix system.

- The second red flag is unfilled rota gaps. In this circumstance a reduced medical workforce is being expected to deliver the same level of clinical care as a fully staffed team. The levels of unfilled shifts have gone from low levels in Q1 at 4% of shifts to 16% of shifts in Q4. These levels are comparable to those in early 2017/ 2018. As I mentioned previously, I do not know what proportion of the total number of shifts needing to be worked are classified as rota gaps.

- The AMU has had challenges over the course of the year. The ER mechanism and the FTSW have been able to identify and quantify the scale of these. Working in partnership with the DD for Medicine we have been able to produce an action plan for AMU and are seeing tangible improvements. I will keep this important area under close review.

7. QUESTIONS FOR CONSIDERATION

- Unfilled gaps are an important issue for the Trust. A high level of unfilled shifts will be detrimental to the wellbeing of our Junior Doctors and may affect the quality of patient care. I have alluded to exploring new ways of working and delivering care traditionally undertaken by junior medical staff, as well as the current recruitment of doctors from overseas.

- Effective winter planning needs to be in place for the predictable surge in clinical activity in the winter months.