



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
28 July 2022

AGENDA ITEM	15.7
TITLE OF PAPER	Guardian of Safe Working – 2021/22 Annual Report
Confidential	YES
Suitable for public access	NO
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED	
<u>STRATEGIC OBJECTIVE(S):</u>	
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	
	<p>This is the fifth ASPH Annual GoSW report. This report is a distillation of the four Quarterly reports that have been presented to the People Committee since April 2021.</p> <p>Key Points:</p> <ul style="list-style-type: none">• There were 850 Exception Reports (ERs) this year. This compares with 408 ERs in 2020/21 and 629 ERs in 2019/20. The quarterly breakdown for 2021/22 ERs is: Q1:245, Q2:239, Q3:208, Q4:158. Higher numbers of ERs being submitted during 2021/22 and are related to increased levels of activity with a non-COVID backlog coupled with a steady on-going flow of COVID

	<p>cases and junior doctor absences due to annual leave, sickness and self-isolation.</p> <ul style="list-style-type: none"> • ERs continue to come predominantly from Foundation Year One Doctors (F1 Doctors). Medicine is the main specialty responsible for ERs. • Recurring themes in ERs continue to be explored. Missed breaks have significantly increased rising to 150 reported missed breaks in 2021/22 compared to 15 reported in 2020/21. The increase in the reporting of missed breaks is due to an increased awareness following FTSW meetings and the BMA led campaign highlighting the issue of missed breaks. The general increase in ERs has also contributed to the rise. • There were no Work Schedule Reviews (WSR) in this year. • Immediate safety concerns (ISCs) are the most important metric measured as they provide the most objective measure of Junior Doctor safe working and patient safety. There were 6 ISCs in this year compared with 2 in 2020/21 and these were fully investigated. 3 of the ISCs and subsequent DATIXs resulted in the appointment of three additional doctors in T&O to mitigate further occurrences There was no patient harm related any of the 6 ISCs. • Unfilled rota gaps are also an important metric. Such gaps result in a reduced medical workforce being required to deliver the same level of clinical care. In 2019/20 approximately 10% of rota gaps were unfilled and in 2020/21 2.5% were unfilled. In 2021/22 unfilled rota gaps averaged at 4.35%. • The use of agency staff averaged at 1.88% compared with a range of 3% to 11% in 2020/21. • The Forum of Trainee Safe Working (FTSW) has continued meeting remotely throughout this year and remains an effective sounding board for safe working. • There were 28 GoSW fines imposed on the Trust in this year amounting to £2,934.84 compared with 5 Fines in 2020/21 amounting to £446. The scope for fines was increased in the summer of 2019 and after a lag due to COVID rotas together with increasing numbers of ERs, we are seeing the effects of this. There is no evidence of persistent or sustained overworking amongst Junior Doctors at ASPH despite the increase in ERs. • There are currently no non-compliant rotas in the Trust. • The Trust provides excellent rest facilities for Junior Doctors.
RECOMMENDATION:	People Committee is asked to note the report and the actions described
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Although there has been a large increase in ERs, GoSW Fines and 6 ISCs, there is no evidence of persistent or sustained overworking amongst Junior Doctors or patient harm.

	Unfilled rota gaps remain low at 4.35% on average for 2021/22
Patient impact	Trainees working beyond their contracted hours, intensity of workload and lack of senior support are factors that may impact patient care. No evidence of individual patient harm has been identified.
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 helps 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	Guardian of Safe Working – Dr Pardeep Gill
PRESENTED BY	David Fluck, Medical Director
DATE	22 nd July 2022
BOARD ACTION	Receive, Assurance

GUARDIAN OF SAFE WORKING ANNUAL REPORT FOR DOCTORS AND DENTISTS IN TRAINING

1st April 2021 – 31st March 2022

Guardian of Safe Working (GoSW) – Dr Pardeep Gill

1. EXECUTIVE SUMMARY

This is the fifth ASPH Annual GoSW report. This report is a distillation of the four Quarterly reports that have been presented to the People Committee since April 2021.

Key Points:

- There were 850 Exception Reports (ERs) this year. This compares with 408 in 2020/21 and 629 ERs in 2019/20. We are seeing higher numbers of ERs being submitted. There were increasing levels of activity in the Trust with a non-COVID backlog coupled with a steady on-going flow of COVID cases. The Trust has been stretched with absences due to annual leave, sickness and self-isolation.
- ERs continue to come predominantly from Year One Foundation Doctors (F1 Doctors) accounting for 61% of ERs. Medicine is the main specialty responsible for ERs submitting 65%.
- 62% of ERs were agreed for TOIL, 28% were agreed for pay (including ERs that were originally agreed for TOIL but converted to pay if the TOIL was not able to be taken before the rotation ended), 5% of ERs were not agreed (duplicate ERs) and 5% were agreed but required no further action (missed education).
- I continue to explore recurring themes which feature in ERs. In 2021/22 there were 43 ERs for missed education opportunities, 5 in Q1, 4 in Q2, 11 in Q3 and 23 in Q4. This reflects the pressure that the Trust has been under during this period including the 3rd COVID wave and introduction of surge rotas in Q4. The Clinical

Tutor is aware and the matter is under review. I am confident that missed education ERs will return to usual levels in the coming months.

Missed breaks have significantly increased rising to 150 reported missed breaks in 2021/22 compared to 15 reported in 2020/21. There is an increased awareness of the importance of taking breaks as this is now a standing item at our monthly FTSW meetings. The BMA have also led a campaign highlighting the issue of missed breaks. The general increase in ERs has also contributed to the rise. Audits of each rotation during 2021/22 have shown that there have been 3 fines levied against the Trust in respect of doctors missing 25% or more of the breaks within a 4-week reference period. This compared to 1 fine in 2020/21. Therefore, the large increase in reporting of missed breaks has not resulted in a similar increase in fines and we are confident that the majority of doctors are not missing 25% or more of their breaks. We will continue to monitor this closely.

- There were no Work Schedule Reviews (WSR) in this year.
- Immediate safety concerns (ISCs) are the most important metric measured as they provide the most objective measure of Junior Doctor safe working and patient safety. There were 6 ISCs in this year compared with 2 in 2020/21.

In Q1 There were three ERs with ISCs from two doctors in T&O (F1 and F2) covering the same period. The reasons cited were short staffing due to sickness absence and a very busy service. A joint DATIX was submitted for these ERs and this was fully investigated by the department which resulted in the appointment of three additional doctors to mitigate further occurrences.

In Q2 there was one ISC from an F1 in T&O, reported in DATIX report and was fully investigated, escalated to the Patient Safeguarding Consultant and Divisional Director of MSK and Specialist Surgery. The event related to short staffing due to junior doctor sickness absence. There was no patient harm related to this DATIX.

There were no ISC in Q3 and one reported in Q4 relating to a shortage of junior doctors on a weekend in Medicine. A lack of Rota Co-Ordinator oversight during absence on leave contributed to the staffing shortages. An action from the accompanying DATIX led to the establishment of a second Rota Co-Ordinator in Medicine to mitigate a recurrence. There was no patient harm related to this event.

The above provide good examples of the ER mechanism leading to positive improvements.

- Unfilled rota gaps are also an important metric. Such gaps result in a reduced medical workforce being required to deliver the same level of clinical care. In 2019/20 approximately 10% of rota gaps were unfilled and in 2020/21 2.5% were unfilled. In 2021/22 unfilled rota gaps averaged at 4.35%.
- The use of agency staff averaged at 2% compared with a range of 3% to 11% in 2020/21.
- The Forum of Trainee Safe Working (FTSW) has continued meeting remotely throughout this year and remains an effective sounding board for safe working.
- There were 28 GoSW fines imposed on the Trust in this year amounting to £2,934.84 compared with 5 Fines in 2020/21 amounting to £446. More information regarding these fines is detailed further in the report. The scope for fines was increased in the summer of 2019 and after a lag due to COVID rotas and now with increasing numbers of ERs, we are seeing the effects of this. There is no evidence of persistent or sustained overworking amongst Junior Doctors at ASPH despite the increase in ERs.
- Non-Compliant Rotas: All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends. Authorisation for a rota using a pattern greater than 1 in 3 would require a clearly identified clinical reason agreed by the clinical director and deemed appropriate by the GoSW. Such rotas should be co-produced and agreed with the junior doctors, agreed by the FTSW

and reviewed annually. The NICU SpR rota was originally signed off as non-compliant in January 2020 as the weekend frequency exceeded 1:3. It was signed off again in September 2020, March 2021 and September 2021. There was a risk posed to the department if a single Junior doctor did not accept the non-compliant rota. A business case for additional doctors to facilitate a compliant rota was submitted and approved and the rota was made compliant from March 2022.

- The Trust provides excellent rest facilities for Junior Doctors.

In conclusion I can offer assurance to the Board that despite the increase in ERs our rotas are compliant with safe working hours and safe working conditions. Out of 226 Doctors in Training, there were 2 instances where the average 48 hour working week was exceeded. There were no cases where the 72 hour working rule was exceeded. I am reassured that there have been no instances of patient harm related to overworking. We have seen a number of examples of where actions from ERs have led to positive changes. The scope and hence the number of fines has increased significantly. The reporting of missed breaks has risen markedly.

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 establishment: 226 (WTE)

Number of doctors / dentists in training in post: 210.80 (WTE)

Annual vacancy rate Doctors in Training (DiT): 6.7 % (last year 8.1%)

Of the 6.7% annual vacancy rate for doctors in training, 7.3 WTE posts were filled with substantive Trust Grade (TG) and Clinical Fellows (CF).

Therefore, total annual DiT vacancy rate reduced to: 3.5 % (last year 3.9%)

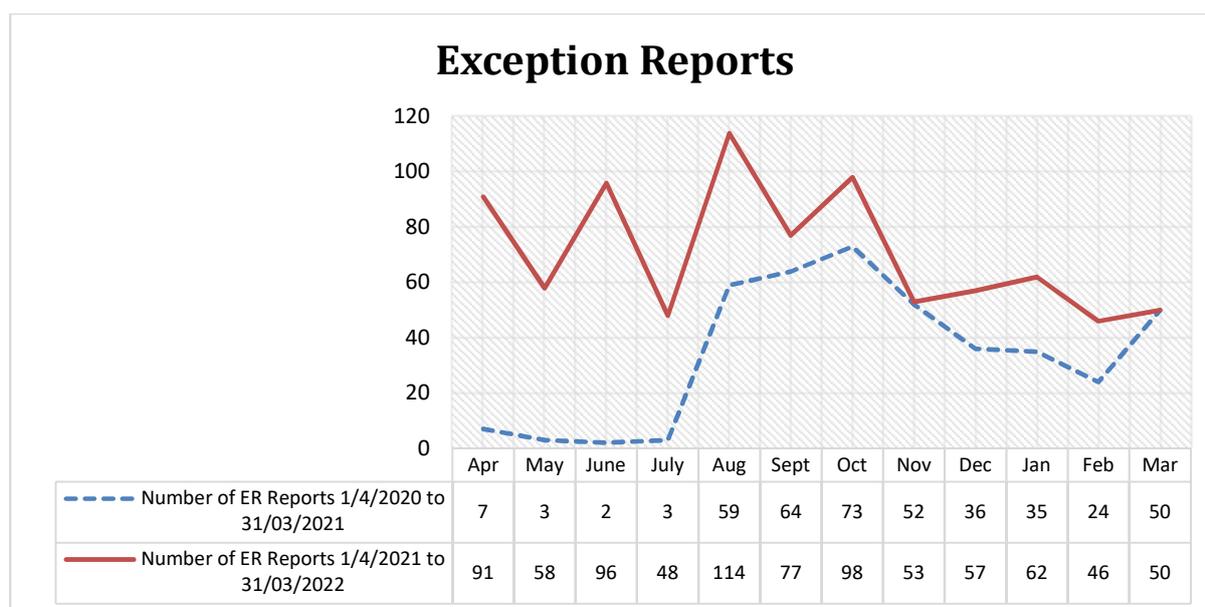
3. ANNUAL DATA SUMMARY

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

Exception Reports per Quarter

Exception Reports 2021/22		Exception Reports 2020/21	
Q4	245	Q4	109
Q3	239	Q3	161
Q2	208	Q2	126
Q1	158	Q1	12
Total	850	Total	408

Exception Report Run Rate



Rota Gap breakdown per Quarter

	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Grand Total
Agency Filled	96	18	3	4	121
Bank Filled	1343	1526	1414	1760	6043
Unfilled	80	103	73	24	280
Grand Total	1519	1647	1490	1788	6444

	Q1	Q2	Q3	Q4	
	2021/22	2021/22	2021/22	2021/22	Grand Total
Agency Filled	6.32%	1.09%	0.20%	0.22%	1.88%
Bank Filled	88.41%	92.65%	94.90%	98.43%	93.78%
Unfilled	5.27%	6.25%	4.90%	1.34%	4.35%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%

	Q1	Q2	Q3	Q4	
	2021/22	2021/22	2021/22	2021/22	Grand Total
F1	39	37	30	78	184
Agency Filled	3				3
Bank Filled	34	37	30	74	175
Unfilled	2			4	6
F2	245	270	234	193	942
Agency Filled	83	9			92
Bank Filled	143	202	197	174	716
Unfilled	19	59	37	19	134
Specialist Registrar	1235	1340	1226	1517	5318
Agency Filled	10	9	3	4	26
Bank Filled	1166	1287	1187	1512	5152
Unfilled	59	44	36	1	140
Grand Total	1519	1647	1490	1788	6444

	Q1	Q2	Q3	Q4	
	2021/22	2021/22	2021/22	2021/22	Grand Total
F1	2.57%	2.25%	2.01%	4.36%	2.86%
Agency Filled	0.20%	0.00%	0.00%	0.00%	0.05%
Bank Filled	2.24%	2.25%	2.01%	4.14%	2.72%
Unfilled	0.13%	0.00%	0.00%	0.22%	0.09%
F2	16.13%	16.39%	15.70%	10.79%	14.62%
Agency Filled	5.46%	0.55%	0.00%	0.00%	1.43%

Bank Filled	9.41%	12.26%	13.22%	9.73%	11.11%
Unfilled	1.25%	3.58%	2.48%	1.06%	2.08%
Specialist Registrar	81.30%	81.36%	82.28%	84.84%	82.53%
Agency Filled	0.66%	0.55%	0.20%	0.22%	0.40%
Bank Filled	76.76%	78.14%	79.66%	84.56%	79.95%
Unfilled	3.88%	2.67%	2.42%	0.06%	2.17%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%

4. ISSUES ARISING

- The most Junior Doctors, F1 Doctors, account for the majority of ERs (60.7%). In terms of specialties, Medicine accounts for 65.3% of ERs.
- The run chart reveals higher levels of ER submissions compared with 2020/21. There are a number of reasons for this high number of ERs: post 2nd COVID wave hospital activity remains very high, we are seeing increasing numbers of ERs from higher grades and from specialties outside Medicine, staffing has been stretched due to absences for annual leave, sickness and self-isolation.
- Immediate Safety Concerns (ISCs) are a very good barometer of workplace safety. I continue to closely monitor ISCs. Junior Doctors submitting these ERs are contacted by me personally and are required to fill out a DATIX as well if there has been evidence of patient harm, substandard care or a near miss. There were 6 ISCs this year which were accompanied with a DATIX form. This allowed for an investigation and reflective learning. All 6 ISCs related to lack of junior doctor staffing due to sickness absence and a very busy service. There was no patient harm related to these events.
- Unfilled rota gaps put our doctors in training at risk of both working in an unsafe environment but also workload intensity and as such can be used as a marker of safe working within the organisation. Unfilled rota gaps for 2021/22 are 4.35% compared 2.5% in 2020/21 and values ranging between 8 and 11% in 2019/20. 94% of locum

shifts are filled by bank in 2021/22 compared with 91% in 2020/21. Agency use has decreased accounting for 2% of shifts on average in 2021/22 compared with 6% in 2020/21

- In 2021/22 there were 43 ERs for missed education opportunities, 5 in Q1, 4 in Q2, 11 in Q3 and 23 in Q4. This reflects the pressure that the Trust has been under during this period, during the 3rd COVID wave and introduction of surge rotas. The Clinical Tutor is aware and the matter is under review. I am confident that missed education ERs will return to usual levels in the coming months.
- In 2021/22 there was a large increase in the reporting of missed breaks and 3 fines were identified in respect of doctors missing 25% or more of the breaks over a 4-week reference period. This compares to 1 fine in 2020/21. Missed breaks are now a standing item on the FTSW.
- There were 28 GoSW fines imposed on the Trust in this year amounting to £2,934.84. An extension of the circumstances where fines can be imposed has been introduced since the Junior Doctor Contract was amended in 2019. The fines were as follows:

Maximum 13-hour shift breaches		
Q1	1 x GPST O&G, 2 x F1 in Surgery, 1 x F1 in Medicine	4
Q2	1 CST2 T&O, 3 x F1 Medicine	4
Q3	2 x IMT Medicine, 1 X F1 Medicine, 1 X F2 O&G	4
Q4	1 x F1 Medicine, 1 x SpR Neonates	2
Total		14

Minimum 11 Rest Breaches		
Q1	2 x F1 Medicine	2
Q2	1 x CST2 T&O, 2 x F1 Medicine	3
Q3	1 x F1 Medicine, 1 X F2 O&G	2
Q4	1 x F1 Medicine	1
Total		8

Minimum 8 hour Rest breach over 24 hour NROC shift		
Q4	1 x SpR T&O	1
Total		1

Missed Rest Break Breaches exceeding 25% in a 4 week reference period		
Q2	3 x F1 T&O	3
Total		3

Breach of average of 48 hours per week		
Q2	1 X F1 T&O April 2021 to August 2021 Rotation Audit	1
Q4	1 x F2 O&G December 2021 to April 2022 Rotation Audit	1
Total		2

Total number of fines in 2021/22	28
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There were no fines in respect of junior doctors working no more than 72 hours in any working pattern, in any period of 168 consecutive hours. There is no evidence for sustained or persistent over-working despite the increase in ERs

- The Junior Doctor Contract requires Trusts to provide adequate rest facilities for Junior Doctors to avoid having to drive home after a shift. The Trust has 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. If the Rest facilities are fully booked and further requests are received, junior doctors will be referred to local hotel accommodation with the cost covered by the Trust.

5. AREAS FOR COSIDERATION

- Missed breaks are recognised as an important element in causing fatigue and there has been a significant increase in the reporting of missed breaks in 2021/22. This is due to an increased awareness of the importance of taking breaks as this is now a standing item at our monthly FTSW meetings. The BMA have also led a campaign highlighting the issue of missed breaks
- With current and future medical workforce pressures, I believe the Trust may need to explore new ways of working including an expansion of non-medical roles. I have seen the results of the absence of Junior Doctor Assistants and phlebotomists and the impact this has had.

- Rota gaps are a reality in the NHS. Currently I cannot gauge the true impact of unfilled rota gaps as I do not know what proportion they make up of the total number of shifts. Unfilled rota gaps are at lower levels compared to pre covid figures. An electronic rostering system is being implemented which will address this.
- With the expansion of the junior doctor workforce at Ashford Hospital, we will be monitoring the number of requests for rest facilities going forward to ascertain if the Trust needs to provide onsite accommodation as we do at St Peter's or whether to agree favorable rates at local hotels.

6. CONCLUSION

- The number of ERs in 2021/22 has increased There is no evidence for sustained or persistent over-working despite the increase in ERs. Two doctors out of a workforce of 226 exceeded the 48-hour average working week. No doctors exceeded the 72-hours worked in 7 days rule. The culture of exception reporting is strong in this Trust and the process is efficiently managed by a well organised Medical Workforce Team.
- Immediate Safety Concerns (ISCs) are the most important metric for me as the Guardian as they provide the most objective measure of Junior Doctor safe working and patient safety. I have refined the way this metric is reported making it more robust. There have been 6 ISCs this year. They have all been thoroughly investigated and actioned through the DATIX process. We have seen good examples of changes introduced as a result of these ISCs. There was no evidence of patient harm from overworking.
- Another important metric 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. Unfilled rota gaps for 2021/22 are 4% compared 2.5% in 2020/21 and values ranging between 8 and 11% in 2019/20. 94% of locum shifts are filled by bank in 2021/22 compared with 91% in 2020/21. Agency use accounting for 2%

of shifts on average in 2021/22 compared with 6% in 2020/21. I can conclude that agency use is very low with a low rate of unfilled locum shifts.

- The scope and hence the number of fines has increased significantly.
- At the time of writing this report it is clear that the COVID pandemic has had an enormous impact on the working lives of Junior Doctors. The challenge for me has been to ensure safe working is not compromised, Junior Doctors feel able to exception report and that the excellent work of the FTSW continues. I can assure the Trust that these aims have been met.