

APPENDIX 2

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

Guardian of Safe Working Quarterly Report: **Quarter 2 (2018-2019): Date period: 1/11/18 – 31/1/19**

It remains a requirement of the new 2016 Junior Doctor contract for the trust Guardian of Safe Working (GSW) to hold responsibility for ensuring that issues of compliance with safe working hours are addressed in accordance with the terms and conditions of the new Junior Doctor contract - this includes the overall responsibility for overseeing the Junior Doctors' Exception Reporting (ER) process. The GSW is required to submit a report at least quarterly, on the analysis of the ERs submitted by junior doctors through the Performance Report structure. A final extended Annual Report at the end of each academic year will be to the Trust Board.

1. SUMMARY OF EXCEPTION REPORTS IN PERIOD:

Junior Doctor Exception reports as at 31/1/19 for Q2 (18/19) period are summarised in tables 1a and 1b below. The full spreadsheet(s) (Appendix 1a/1b) is anonymised and indexed by rota:

TABLE 1a		
QEHB Exception Reports:	Number:	Comments:
Hours ERs	25	
Education ERs	2	
Pattern of work ERs	0	
Service Support ERs	4	4 x ISC*
Total ERs for period Q1 (18/19):	31	
Table 1b		
HGS Exception Reports:	Number:	Comments:
Hours ERs	47	1 x ISC*
Education ERs	8	
Pattern of work ERs	0	
Service Support ERs	0	
Total ERs for period Q1 (18/19):	55	

*Immediate Safety Concern

- Immediate Safety Concerns
The five ISCs were reviewed within 24 hours of the events. The potential safety concerns were addressed by the doctors remaining on duty to prevent escalation of the concerns.
- Guardian Fines
No GSW fines during period.

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2. AREAS OF SIGNIFICANT TREND IN PERIOD:

TABLE 2a QEHB			
Rota ID:	No. of ERs:	Issues & concerns:	Actions/Resolutions:
RRK 062 Cardiology F1	6	F1 workovers to help cover workload. All Exception reports have been approved for payment. F1 normal day shift end at 1600 is unrealistic for workload.	Locum/JSD posts from November and December 2018. Contingency 'acting down' cover arrangements also implemented. Coaching on 'handover' techniques. Work Pattern review: - day duty extended to 1700.
RRK 024 Surgery/Urol Foundation	6	High levels of activity on Surgical Assessment Unit and a gap on the StR rota led to inadequate cover and subsequent missed teaching and workovers. A locum employed to cover the gap was found to be unsuitable.	A contingency plan of re-directing clinicians from elective work is in place pending appointment of a full complement of junior doctors on the StR rota from April 2019. Missed teaching to be compensated by TOIL for e-learning.

TABLE 2b HGS				
Rota ID:	Hosp. Site:	No. of ERs:	Issues & concerns:	Actions/Resolutions:
RP1 007 Gen Med StR1-2	BHH	16	The assignment of the renal doctors within the roster leads to low numbers on the ward within that specialty. Missed teaching due to low numbers of staff on wards and high sickness levels Missed breaks: high levels of activity and patient throughput on 'Tower'.	Review of the rota and rostering to ensure that specialty posts are plotted onto the rosters optimally to maximise daytime cover. Feasibility to be assessed for August 2019 intake. Only the Renal CSL may give permission for JDs not to attend teaching and only in mitigating circumstances. Missed teaching time to be made up by extra ITU teaching. Additional Locum shifts between 1700-2100 have been made available to assist with clerking workload and extra Consultant cover for AMU.
RP1 015 Gen Surg FY1	BHH	21	The assignment of the vascular doctors within the roster leads to low numbers on the ward within that specialty. Teaching attendance not permitted when on SAU.	Review of the rostering and suggestions for assignment of posts to slots has been made by the JDs – success of this will be monitored in the April – Aug placement. This has been rectified following an internal QA assessment, all SAU F1s permitted to attend training unless mitigating clinical circumstances prevail.

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			High workload levels leading to additional hours at end of the day	Surgery to submit a business case for ACPs or Physicians Assistants to support the daytime workload.
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3. ROTA GAPS:

At 31/1/19 the Clinical Divisions have reported the following rotas gaps:

TABLE 3a QEHB			
Rota I.D.:	Number JDs on template:	Template 'Gaps':	Locums: Full <u>OR</u> OOH only:
RRK003 (2)	8	2.4	OOH
RRK003 (4)	8	1.4	OOH
RRK003 (3)	8	1	OOH
RRK003 (7)	8	1.2	OOH
RRK003 (8)	8	0.4	OOH
RRK003 (9)	8	6.4	OOH
RRK017	16	1	Full
RRK017a	12	1	Full
RRK021	21	5	5 Full
RRK026	11	1	OHH
RRK027	8	2	OHH
RRK028	12	1	OHH
RRK037	13	2	1 x Full, 1 x OHH
RRK033	13	1	OHH
RRK043	10	1.5	1 x Full, 0.5 x OHH
RRK044	10	1	OHH
RRK044a	6	1	OHH
RRK048	6	1	OHH

TABLE 3b HGS				
Rota I.D.:	Hosp Site:	Number JDs on template:	Template 'Gaps':	Locums: Full <u>OR</u> OOH only:
INFORMATION NOT YET AVAILABLE				

4. GUARDIAN EXCEPTION REPORTING REVIEW GROUPS (GERRG):

QEHB GERRG meeting was held on 6/11/18 with junior doctors' representatives in attendance; the purpose of the meeting was to review the Q1 (18/19) exception reports and related matters. Notes of this meeting are available separately.

The first HGS GERRG meeting will take place on 27/2/19, interest to attend has been registered by junior doctors at Heartlands/Good Hope/Solihull.

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5. OTHER:

HGS progress update:

- All Rota Management and Exception Reporting functions are now being managed by GSW / JDMO. An assessment of all templates rotas will be undertaken for August 2019 intake and appropriate timelines for finalisation and distribution of templates will be applied. Some assistance and support will be offered to 'rota co-ordinators' to ensure that rosters reflect the contract rota templates. It is anticipated that in the medium term this function will be delivered through electronic rostering.
- Band 6 HGS Rota Lead and Co-ordinator (Band 4) appointed (commencement: circa May 2019).
- ER Consultant Leads have been established and have been provided with ER briefing and Trust Procedures - some 1:1 training is being delivered where necessary.
- An Exception Reporting programme of chase and monitor is in situ.
- All existing Junior Doctors have been checked for access to Allocate Exception Reporting Software and have received guidance from GSW/JDMO.
- ER Briefing sessions arranged for Junior Doctors at BHH & GHH via Junior Doctor Forums.
- ERs not progressed pre-Aug 2018, have been paid for the additional hours claimed.

There is a lack of understanding amongst the junior doctors regarding obligations to obtain workover approval and there remains a view that the procedure is inhibiting. At HGS this has been exacerbated by the lack of information conveyed to the Junior Doctors due to delayed Dep GSW appointment and acquisition of ER/rota management responsibilities. The GSWs continue to deliver a programme of ER training via JD forums and specialty visits, it is anticipated that awareness of the procedure will improve on all sites from August 2019 when it can be highlighted via induction.

The Guardians of Safe Working (GSWs) are satisfied that the Exception Reports raised in Q2 (18/19) were dealt with appropriately. There is considerable work to be undertaken on HGS sites to improve rota management and rostering, this work is currently underway but will be fast-tracked when the full JDMO team are in place.

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31/1/19