

GUARDIAN OF SAFEWORKING : ANNUAL REPORT ON EXCEPTION REPORTING, ROTA GAPS AND VACANCIES.

Kingston Hospital Foundation Trust

1st October 2020 – 30th September 2021

Executive summary

This is the 5th annual report since the introduction of the 2016 terms and conditions of service. All doctors in training at Kingston Hospital Foundation Trust (KHFT) are working under this contract and as such should report any hours worked outside of their contracted hours. The data gathered from exception reporting provides useful information about the intensity of the workload on each rota and it is a useful tool to highlight unsafe working practices that may impact patient safety. The data from this process is presented here by the guardian of safe working (GOSW) alongside the report on rota gaps and vacancies between 1st October 2020 and 30th September 2021. Interpretation of the data should allow for the fact that some rotas are shared by non-training grades who cannot access exception reporting. In previous years the GOSW has recommended that the Trust change the contract for trust grade doctors to allow exception reporting of additional hours worked. Whilst the situation remains that not all doctors can submit exception reports, there will always be a risk that some doctors are working unsafely and that this risk will remain unrecognized. To date this has not been achieved and remains an ongoing recommendation.

The context of this annual report, much like the previous report, is one dominated by the Covid-19 pandemic and includes two periods of national lock-down between 5th Nov 2020 & 2nd Dec 2020 and 6th Jan 2021 & 8th Mar 2021. Increased demand on services led to the introduction of a second covid hospital-wide rota in order that safe staffing levels were maintained. The second wave was again compounded by high sickness rates among staff but differed from the first in that more routine services were maintained, and there was less redeployment of the doctors-in-training overall with more elective work continuing. Consultants did not stay in the hospital overnight, but instead participated in twilight shifts (5 pm to 1 am) and the rota was de-escalated more quickly than the first wave. Restrictions on meetings, and in particular face to face meetings, also may have resulted in reduced educational opportunities. The GOSW would once again like to commend the flexibility and hard work of all the junior doctors; both trainees and trust grade doctors, at KHFT during the past year. They have remained critical to the response to the pandemic that Kingston hospital has mounted and the GOSW would like to thank them all.

As in previous years the pattern of exception reporting shows more reporting from junior grades especially FY1 doctors with less reporting from higher trainees. The proportion of trainees choosing to exception report has stayed relatively stable with 33% of trainees submitting reports over the year. The overall number of exception reports has increased compared to previous years with most of the exception reporting occurring in the medical specialties.

The time to resolve exceptions has **not** improved significantly over the year, which is disappointing. The <7-day target is missed in 76% of cases. This will deter from the usefulness of the system to react quickly to any issues that cause the trainees to work excessive hours or miss breaks. It also contributes to lack of engagement with the process by the trainees, as they will perceive the reporting of an exception as pointless.

There have been 4 breaches of the most serious contractual rules during the time of this report. No doctor reported working more than 72 hours in a 7-day period but there were 3 exception reports from doctors working > 48 hours average per week. One doctor reported returning to work less than 11 hours after the end of their previous shift but no doctors reported missing more than 25% of their breaks.

Accordingly, there have been £490 of fines levied by the GOSW during the period covered by this report. There were also 9 ISC (Immediate safety concerns) raised. 5 ISCs were reported over the Christmas 2020 weekend, due to a combination of increasing workload throughout the hospital and short staffing. These ISC's were one of the drivers towards introducing the hospital wide rota so quickly in January 2021.

The pattern of exception reporting seen over the course of this year leads the GOSW to conclude that the intensity of work in some areas of the hospital leave doctors vulnerable to unsafe working practices including missing rest breaks. Solutions to reduce excessive workload, particularly in acute medicine should be sought.

The staffing group most affected by this excessive workload would appear to be the more junior grades such as F1 doctors based on exception report data. It is the guardian's belief that higher trainees are also staying late to cover the service, but reluctance to exception report from these trainees may result in an underestimation of their workload.

Engagement with junior doctors via the Junior Doctors Forum (JDF) and other means, such as training seminars, leads the Guardian to take the view that this report is likely to represent an under-reporting of unsafe working within the trust.

1. High level data

Number of doctors / dentists in training (total):	208
Number of doctors / dentists in training on 2016 TCS (total):	208
Annual vacancy rate among this staff group:	0.27 WTE

2. Annual vacancy data summary

Vacancies among the medical training grades (and trust doctors) split by specialty, rota and grade for the year is shown in Table 1 below. To assess the true impact of these vacancies on the remaining doctors on the rota, the total number of shifts that remained uncovered is also included in the table. There were high numbers of uncovered shifts in General medicine and AAU, A&E and Paediatrics compared to other specialties, but all specialties have been adversely affected by high sickness rates during the pandemic. In A&E, the Trust grade vacancy rate at ST1-2 was particularly high in Q1 and 2 (April 2021-sept 2021) with 8.95 vacancies in Q2. It shows a significant increase from the previous year. The vacancy rate for General Medicine and AAU was also greater this year, while the Anaesthetic vacancy rate remained similar to the previous year and the Paediatric vacancy rate showed an improvement.

Number of Trainee Vacancies (WTE) per Grade and Specialty and Number of Shifts Uncovered by Bank and Agency staff over the Year 1st Oct 2020 - 30th Sept 2021.

Vacancies by month							
Specialty	Grade	Quarter 3 (Oct 20 - Dec 20)	Quarter 4 (Jan 21 - Mar 21)	Quarter 1 (Apr 21 - Jun 21)	Quarter 2 (Jul 21 - Sep 21)	Total gaps (average WTE)	Number of shifts uncovered
AAU	Trust ST3+	-0.20	0.00	0.00	0.00	-0.05	
	ST3+	0.67	1.00	1.00	0.53	0.80	
A&E	FY2	0.33	0.00	0.39	0.19	0.23	48
	Trust FY2	0.00	0.00	0.00	0.00	0.00	
	Trust ST1-2	0.00	3.67	5.31	8.95	4.48	4
	ST1-2	1.00	0.00	0.00	0.33	0.33	39
	Trust ST3+	0.00	-0.13	0.65	2.60	0.78	7
	ST3+	0.16	-0.97	1.00	0.43	0.16	13
Anaesthetics/ ICU	CT1-3	0.00	0.00	1.00	0.67	0.42	1
	Trust ST3+	-0.77	-2.27	-1.94	-1.87	-1.71	1
	ST3+	1.84	2.13	3.00	2.24	2.30	
Cardiology	ST3+	0.00	0.00	0.67	1.21	0.47	
	Trust ST3+	0.00	0.00	-1.00	-1.00	-0.50	
Dermatology	ST3+	0.00	0.00	0.00	0.00	0.00	
Gastroenterology	ST3+	0.00	0.67	1.00	1.37	0.76	
General Medicine & AAU	FY1	-0.67	0.13	0.00	-0.36	-0.22	13
	FY2	-0.28	-0.33	0.00	-0.28	-0.22	87
	Trust ST1-2	2.40	1.73	2.07	3.27	2.37	
	ST1-2	0.34	0.56	1.10	0.70	0.68	12
	Trust ST3+	0.91	1.36	1.36	0.36	1.00	
	ST3+	0.08	0.08	0.08	1.41	0.41	41
GUM	FY2	0.00	0.00	0.00	0.00	0.00	
	Trust ST1-2	0.00	0.00	0.00	0.00	0.00	
	ST1-2	0.00	0.00	0.00	0.00	0.00	
	ST3+	1.00	0.00	0.00	0.00	0.25	
Ophthalmology	FY2	0.00	0.00	0.00	0.00	0.00	
	ST1-2	0.00	0.00	0.00	0.00	0.00	
	ST3+	0.00	0.00	0.00	0.00	0.00	
Dental/ Orthodontics	DCT1	0.00	0.00	0.00	0.00	0.00	
	ST1+	0.20	0.20	0.67	1.00	0.52	
Paediatrics	FY2	0.00	0.00	0.00	0.00	0.00	
	ST1-3	0.00	0.00	0.00	0.00	0.00	1
	ST4+	-1.54	-0.97	0.46	-0.11	-0.54	27

Obstetrics & Gynaecology	FY2	0.00	0.00	0.00	0.00	0.00	6
	Trust ST1-2	0.00	0.00	0.67	1.00	0.42	
	ST1-2	0.00	0.00	0.00	0.00	0.00	1
	Trust ST3+	-0.67	-0.33	-0.33	-0.33	-0.42	
	ST3+	-0.03	-0.01	1.28	1.76	0.75	14
Respiratory	ST3+	0.33	0.00	0.00	0.00	0.08	
	Trust ST3+	0.33	0.00	-0.33	-0.33	-0.08	
Rheumatology	ST3+	0.00	0.00	0.00	0.00	0.00	
Diabetes & Endo	ST3+	0.00	0.00	0.00	0.00	0.00	
Trauma & Orthopaedics	FY1	nil	nil	-1.00	0.00	-0.50	
	Trust FY1	nil	nil	0.00	1.00	0.50	
	FY2	0.00	0.00	0.33	0.00	0.08	
	CT1-2	0.00	0.00	-0.33	1.00	0.17	4
	Trust CT1-2	1.00	2.00	1.57	-0.50	1.02	
	ST3+	0.97	1.30	0.00	1.40	0.92	
	Trust ST3+	0.00	0.00	0.00	-1.00	-0.25	
General Surgery	FY1	-0.86	-0.33	1.00	0.19	0.00	
	Trust CT1-2	-0.10	0.23	-0.33	0.33	0.03	
	CT1-2	0.00	0.00	0.00	0.00	0.00	
	Trust ST3+	0.00	-0.33	0.50	0.00	0.04	
	ST3+	-0.33	0.00	0.00	0.50	0.04	
Urology	FY1	0.00	0.00	0.00	0.00	0.00	
	CT1-2	0.00	0.00	0.00	0.00	0.00	
	ST3+	0.40	0.60	0.40	0.00	0.35	
	Trust ST3+	0.00	0.00	-0.67	0.40	-0.07	

(Table 1)

3. Issues arising and recommendations

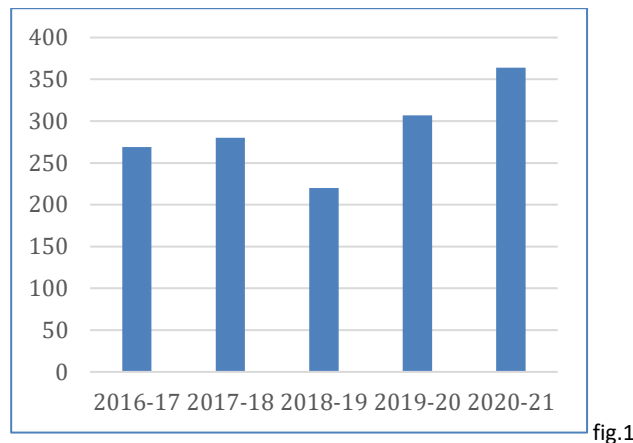
The data presented in this report presents an analysis of safe working using data from exception reporting, vacancy data and bank and locum data.

3.1 Safe working hours

Number of exception reports:

The number of exception reports during the year of this report rose compared to previous years (fig.1) continuing the upward trajectory since its introduction in 2016. The past two years of the pandemic have been extremely busy for all specialties and so it is perhaps surprising that there hasn't been an even greater increase. The protective effect of the hospital-wide rota, introduced on 2 occasions over the last 2 years, may partially explain this and pay testament to the safe working that was preserved throughout the crisis.

Number of exceptions reports each year since the introduction of the 2016 contract



Number of Exception Reports per quarter:

KHFT experienced the second wave of Covid infections throughout the months of November 2020 to April 2021 and rota changes had to be introduced to ensure safe staffing. From 23rd November 2020, Anaesthetics and ITU introduced a 6-week rota. This rota was compliant and very closely resembled their usual pattern of work, however the nights and weekends were more frequent.

A hospital-wide medical rota was instituted from 4th January 2021 to 19th February 2021. On this occasion, redeployment was less ubiquitous, but the structure of the rota was the same with trainees, trust doctors and medical consultants moved on to a common rota with 13 hr shifts comprising 3 long days (8-21); 3 days off; 3 nights (20-09); 3 days off. On this occasion Paediatrics, O&G, EM & ITU retained their own rotas.

This pattern was like the previous hospital-wide rota in the first Covid wave. The night shifts were less frequent however based on learnings from the first wave when it was apparent that there were too many people working at night compared to the day.

The hours remained compliant, at 45.5 hours on average, but the weekend frequency was non-compliant with a weekend frequency of 1 in 1.5 (The maximum weekend frequency for compliance being 1 in 3 weekends).

The GOSW was able to support the rota from a safe working perspective as there were good rest periods between each block of 3 shifts and the hours were not excessive.

However, on this occasion there was no nationally agreed derogation of contractual safe working hours' regulations.

With earlier planning it may have been possible to design a compliant rota, and the trainees were critical about communication around the design and implementation of the rota on this occasion. In response to this, a weekly meeting with the Trainee reps was instituted with the DME, GOSW, and the Chiefs of planned and unplanned care, and communication and satisfaction with the rota improved.

On 20th February 2021, the department of medicine introduced a compliant step-down rota until change over in April 2021. Feedback from the doctors that would be working on the step-down rota was sought before implementation and was overall good and supportive of the plan.

During the first hospital-wide rota (Q1; April to June 2020) exception reporting reduced but this effect was not seen during the period of the second wave when the hospital-wide rota was adopted again (Q4; Jan-March 2021) (fig.2). This is likely the result of less redeployment to the rota.

The rota was still well staffed, but perhaps had less flexibility for high sickness rates in staff.

Comparison in number of exception reports per quarter: 2017/18 to 2020/21

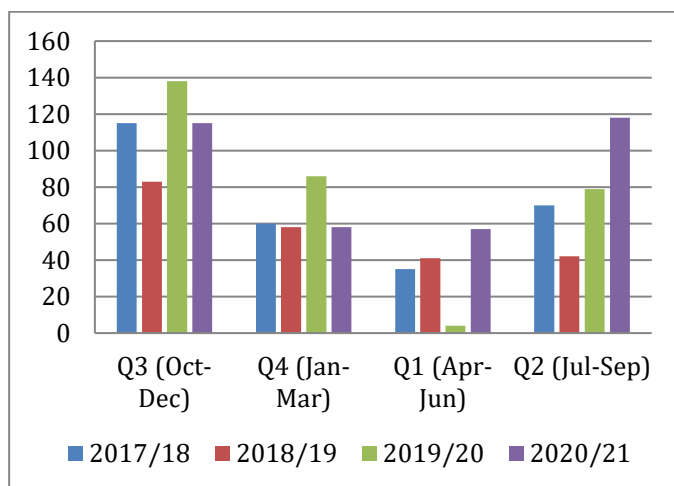


fig. 2

Analysing the data from exception reporting in more detail comparing each quarter, one can see a more stable spread across the year in comparison to the first wave of the pandemic, with the more typical pattern of exception reporting rising during Q2 when the new doctors start. Acceptance of the exception reporting system seems to have plateaued with a similar proportion of doctors submitting exception reports this year compared to last. 69 /208 (33%) of doctors submitted exception reports in the year of this annual report compared to 63/200 doctors (32%) in last year's annual report.

Number of exception reports by grade:

Many exception reports are from doctors staying late to complete routine work and ensure patient safety with disproportionately more from junior trainees (fig.3). For some this happens on a regular basis and discussion at the JDF with junior doctors would suggest that it occurs more frequently than exception reporting would indicate as some trainees do not report. The number of reports was greatest in the FY1 rotas (fig 3). The higher trainees (Fig.4) reported very little in comparison and these proportions have changed very little over the last 2 years. The GOSW still feels that there is scope to improve the accuracy of the safe working data further by improving engagement with higher trainees.

Exception reporting by grade

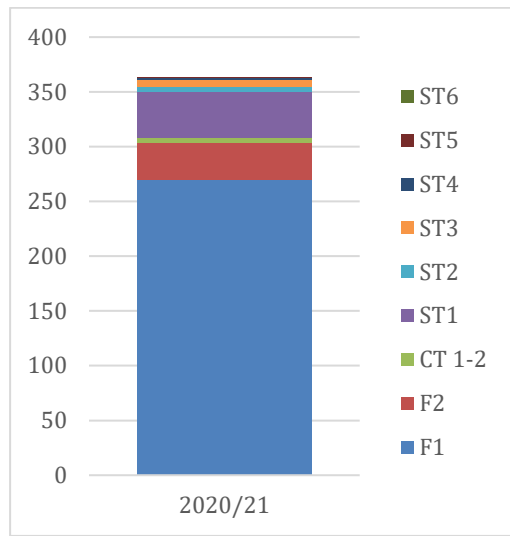


Fig.3

Number of exception reports by grade comparing the last 2 years.

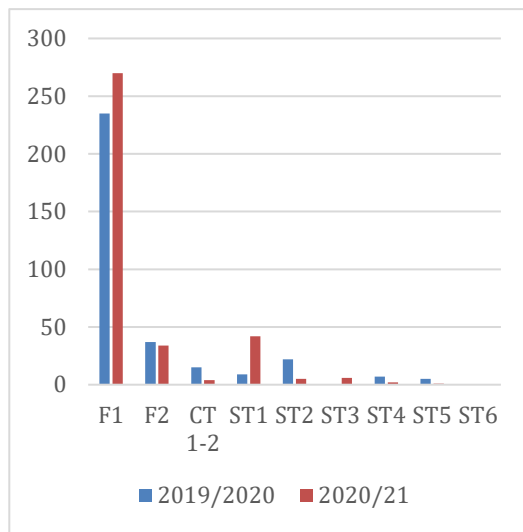


fig.4

Number of exception reports by speciality:

Most exception reporting arose from the medical specialties and AAU (fig 5). In all specialties, but notably General Medicine and Surgery the narrative on exception reports suggests ongoing problems with volume of workload with reports filed even on days where the shift was maximally staffed. As in previous years, many exception reports are from doctors staying late to complete routine work and ensure patient safety. For some this happens on a regular basis and discussion at the JDF with junior doctors would suggest that it is occurring more frequently than exception reporting would indicate as some trainees do not report.

Number of exception reports by speciality October 2020-21

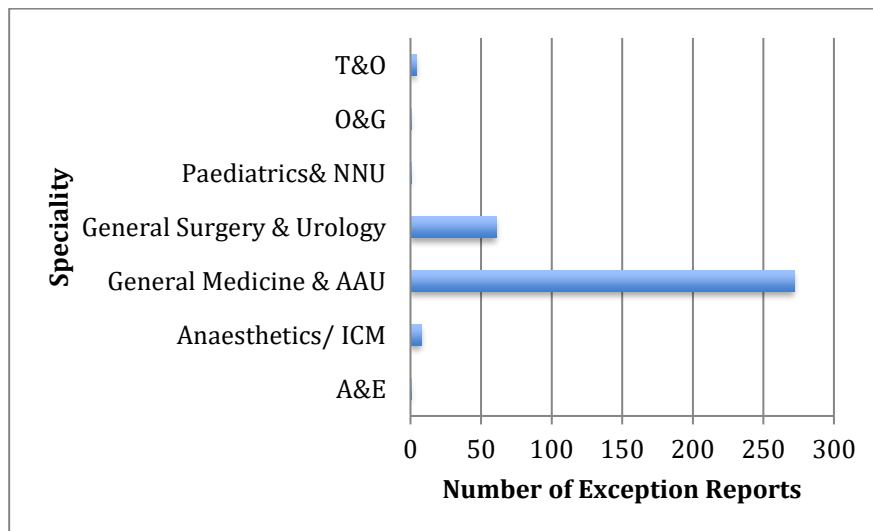


fig.5

Exception reporting in medical rotas each quarter : Q3; 2020-Q2; 2021

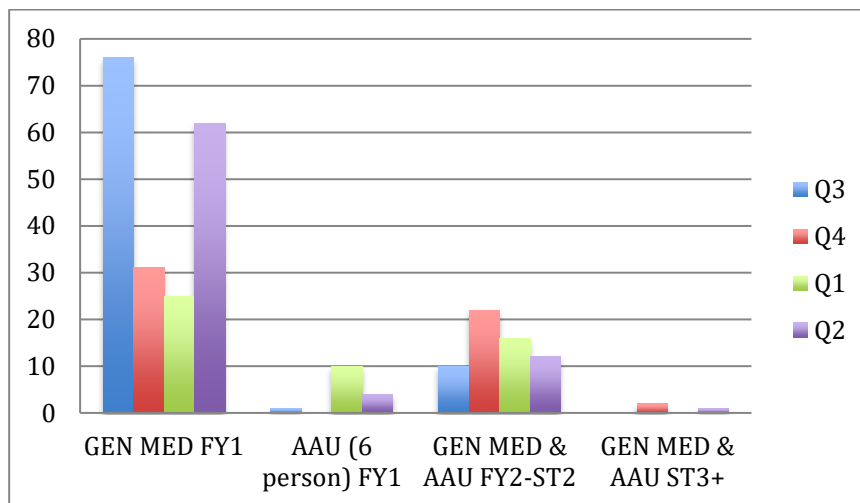


fig .6

Exception reporting in surgical rotas each quarter : Q3; 2020-Q2; 2021

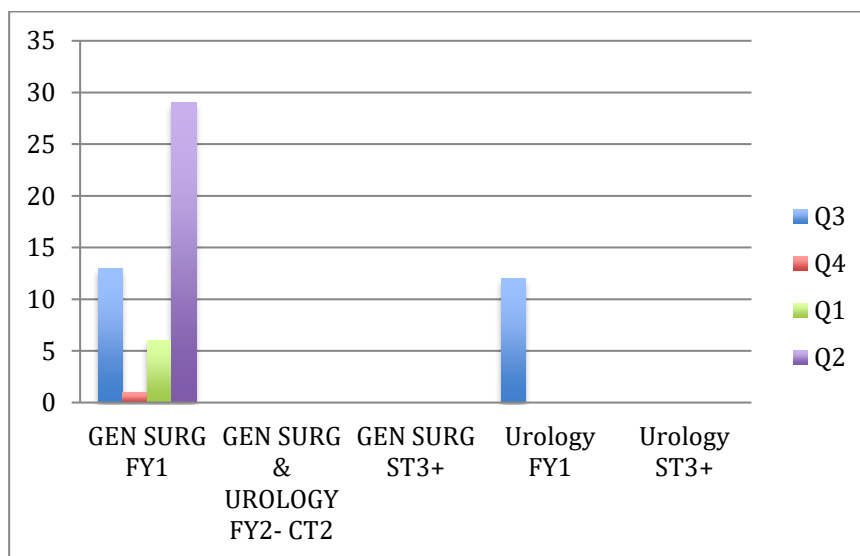


fig.7

Time to close exception reports:

The 2018 update to the TC&S stipulates that exception reports must be resolved in 7 days. The time to resolve exception reports continues to be an area of concern for the GOSW at this trust. The % of reports closed within this time frame has increased this year (from 14% to 24%) which is encouraging, but still only 24 % of reports are closed within this timeframe with a further 11 % closed within 2 weeks. (fig.8)

Time to close reports October 2020-21

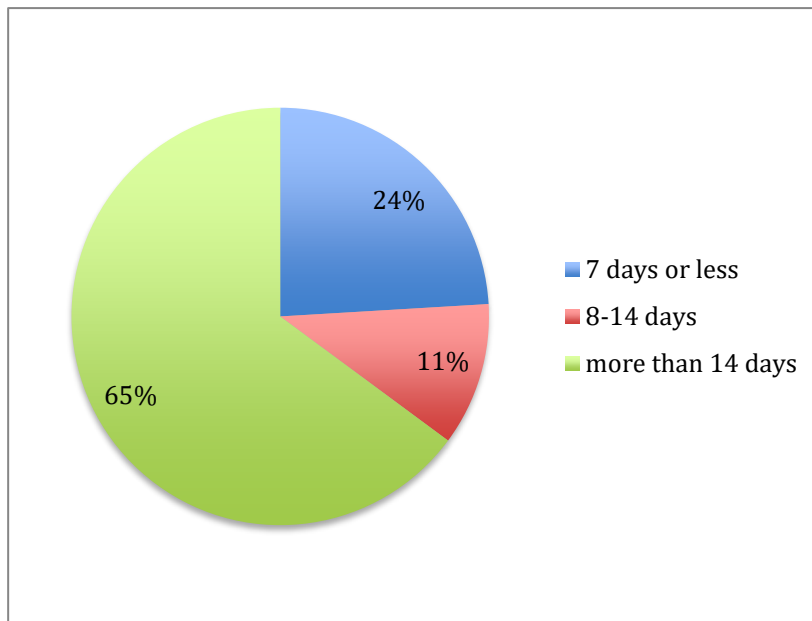


fig.8

Changing the reporting process to allow FY1 and FY2 doctors to report to their clinical supervisor (CS) seems to have improved the timings a little, but we are still failing significantly in this area. The GOSW recommends consideration of fines for departments where this is a persistent problem. It should be noted that of the 65% of reports that were without an outcome after 2 weeks, the GOSW had to close the reports in 88 cases over the year as the reports were not closed despite reminders etc.

Barriers to exception reporting:

Trainee reluctance to exception report is still an issue at KHFT, as it is nationally. The failure to close the exception reports within the recommended 7 days contributes greatly to the lack of engagement with the system. Reluctance to report creates a risk that unsafe working may not be identified through the exception reporting process. This makes it more difficult to provide accurate assurance to the board that doctors are working safely at KHFT.

Further work needs to be done on improving the culture of exception reporting at Kingston. Exception reporting has been shown to occur more in areas where consultants actively encourage trainees to report.

Expenditure on exception reports:

Consideration of the expenditure on exception reporting is to some extent a better reflection of safe working in junior doctors (as opposed to the number of occasions that doctors stay late). It reflects the number of extra hours that doctors have worked where it has not been possible to compensate with time off in lieu (TOIL), and therefore better illustrates the potential for overwork leading to exhaustion and unsafe working. In the year Oct 2020-2021 50% of exception reports were resolved directly by the CS or ES authorising payment rather than TOIL (fig.9). The GOSW authorized payment for the 'unresolved' reports thus increasing the number paid to 74 % (figures similar to last year with a slight increase decrease in payment from 82% to 74%).

Outcome of exception reporting Oct 2020-21

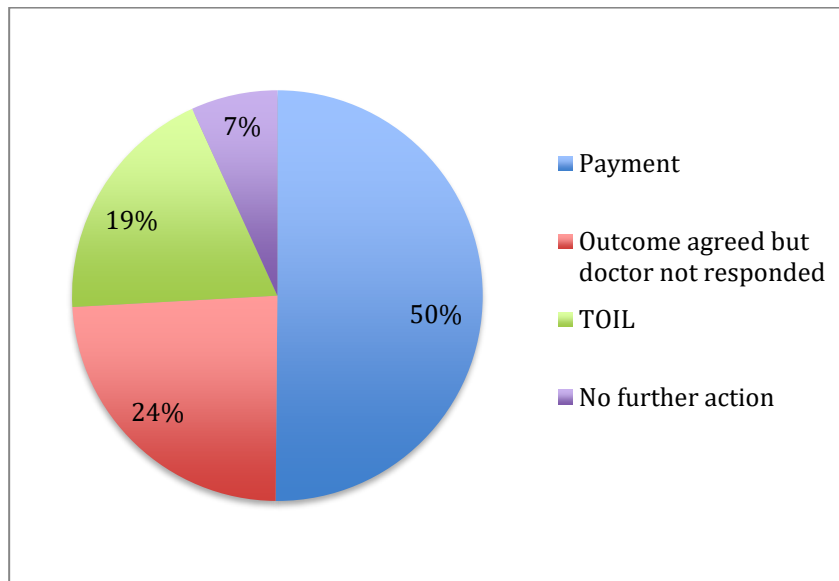


fig.9

Annual Expenditure On Exception Reporting: Comparison of annual expenditure since introduction of the 2016 Contract

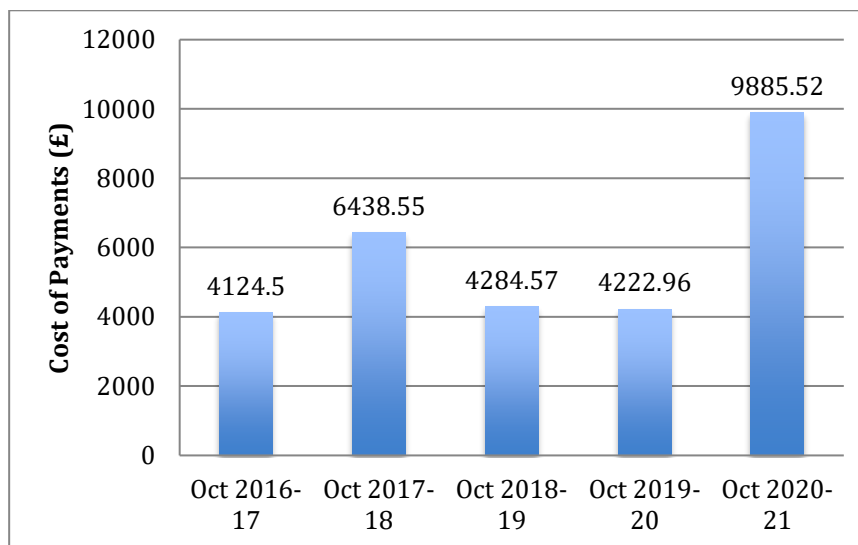


fig.10

The total expenditure for the year was much greater than previous years (fig. 10). The two quarters affected by the covid rota and the step-down rota were the least expensive quarters suggesting that there was some protective effect of the covid hospital-wide rota again. During Q4; 2021 and Q1; 2021 many trainees were working on this rota (fig 11). This rota provided very good cover the medical wards and weathered the increased intensity of workload and high staff sickness rates well.

The medical specialties carry the biggest burden of the cost of exception reporting in all quarters, but the expenditure in Q2 of 2021, encompassing the changeover month of August saw the highest expenditure. (fig.12) The cost of exception reporting rose greatly during the year of this report, and disproportionately so in the medical specialties. (fig.13)

Cost Of Exceptions Per quarter Oct 2020-21

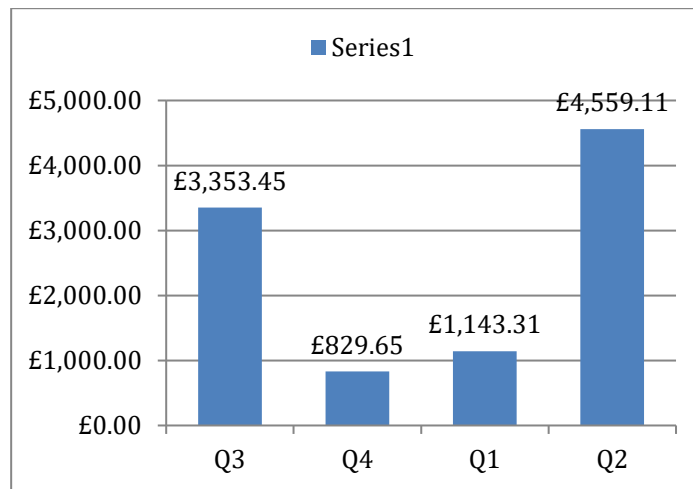


fig.11

Cost of exceptions per quarter by speciality Oct 20-21

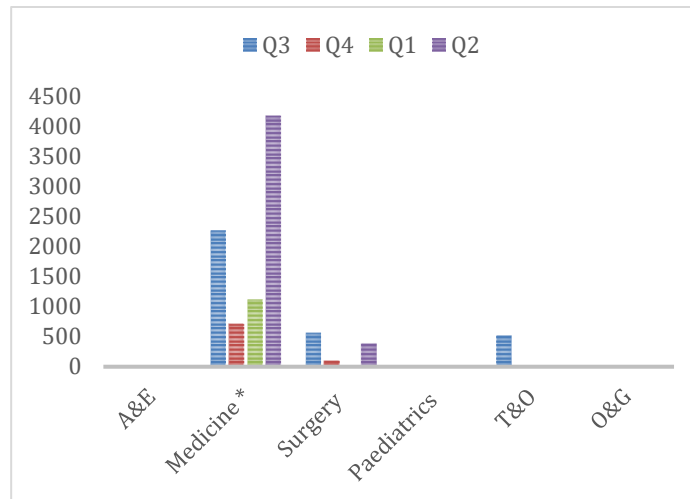


fig.12

Comparison of annual specialty expenditure on exception reporting 2017-2021

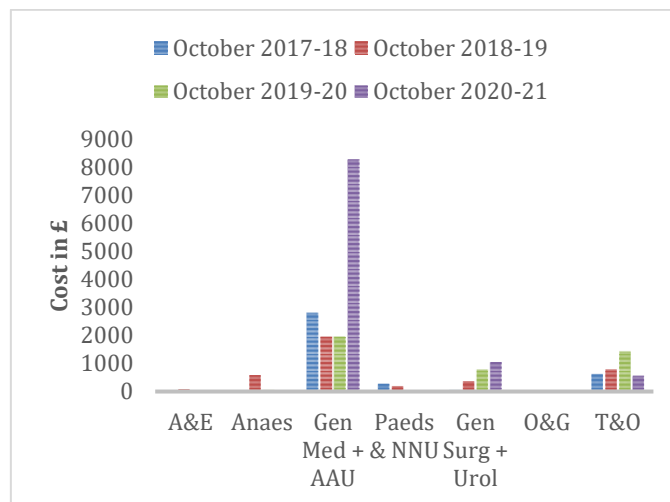


fig.13

3.2 Rota gaps and unfilled shifts

The data from exception reporting this year has shown an increase in the number of unfilled shifts and an increase in exception reporting (fig 14.)

Number of exception reports in relation to number of unfilled shifts: comparison 2018-2021

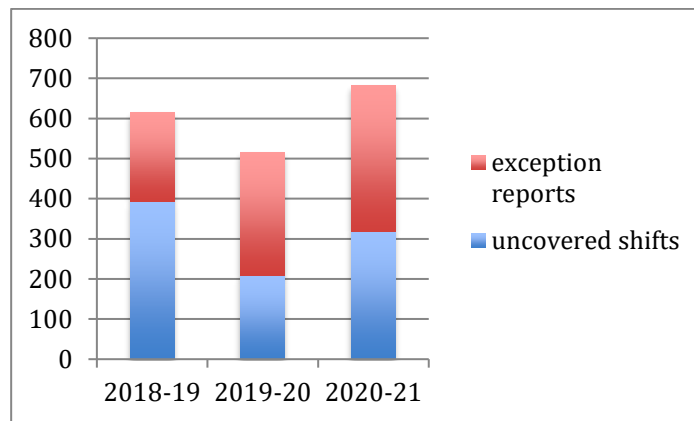


fig 14

The number of unfilled shifts is greatest in A&E, Paediatrics and Medicine. The number of rota gaps greatest in A&E and Medicine, and the greatest number of exception reports come from Medicine, Surgery and O&G. The relationship between unfilled shifts and volume of exception reporting thus varies between departments and tells a different story in each specialty.

Comparison between number of exception reports and number of uncovered shifts per year by specialty 2020-21

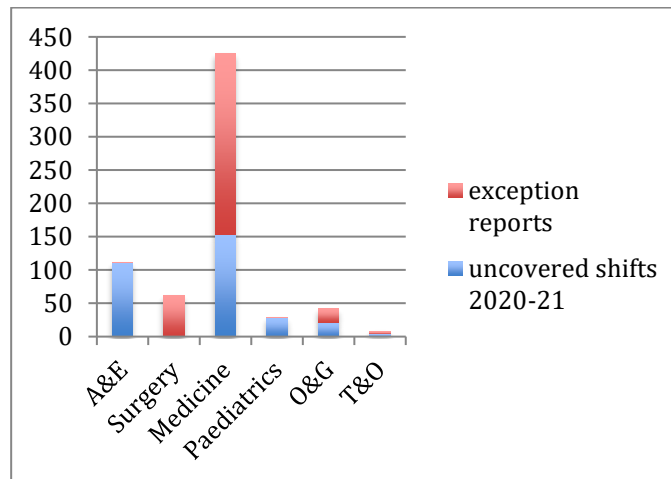


fig 15

In General Medicine there is a direct relationship with high levels of reporting and unfilled shifts. Some specialties, especially Surgery have high exception reporting numbers in comparison to the number of unfilled shifts, suggesting that staffing levels on these wards may need to increase to manage workload.

Some specialties such as A&E have relatively high numbers of unfilled shifts and yet low exception reporting. The GOSW understands that the culture of hand-over in this department is strongly embedded compared to the ward-based specialties and less trainees stay late, therefore. The

consequence of high demand in A&E is likely seen more in the waiting times for patients than the number of doctors reporting that they stay above their contracted hours.

A&E and General Medicine & AAU have had greater staffing pressures and more difficulty attracting bank and locum cover over the year. The number of unfilled shifts for these specialties increased this year compared to the last, whereas it improved in other areas, such as Paediatrics (fig.16). The high rates of unfilled shifts may in part have been driven by high sickness rates from the A&E and the medical wards as many trainees fell unwell with Covid-19 infection.

Number of unfilled shifts- Comparison by specialty 2018-21

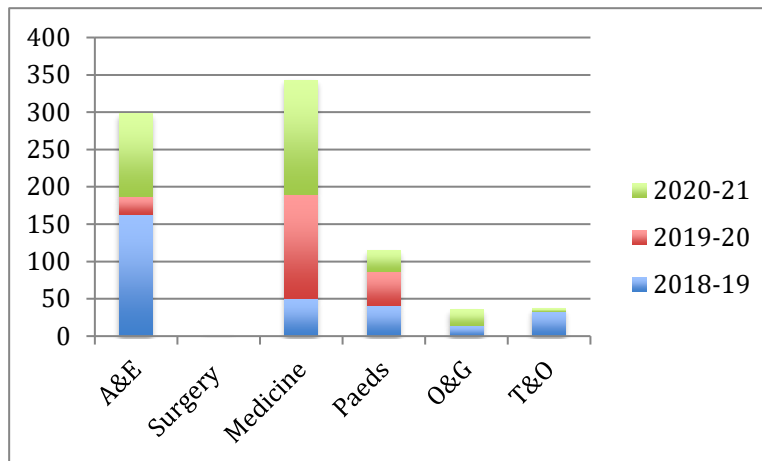


Fig 16(* Med= Gen Med+ AAU)

3.3 Compliance with the 2016 contract Updates.

The most recent issue of the TCs (version 9) was published in April 2021 and all rotas at KHFT are currently compliant with the updated contract.

3.4 Junior doctor Forum (JDF)

The JDF meets on alternate months but moved to a virtual platform during this period due to the restrictions placed on meeting face to face. Attendance suffered a little as a result.

Useful work continued to be generated from the forum, however. The project to refurbish the mess facilities and on call rooms was continued. The JDF were also active in the negotiation of annual leave entitlement on the hospital wide rota and there continued to be ongoing involvement in new rota design and consultation re rota changes.

The JDF also continued to be a useful forum for discussing working conditions and an important means of engaging with the wellbeing of the trainees. It continued to be one of the places that concerns about pressure of work and difficulties taking annual leave were raised, and a place where solutions could be put forward directly to the GOSW, the DME and the Medical Director.

3.5 Fines

There were £ 490 of fines issued for shifts worked during August 20-Jan21. These were paid in May 2021.

3.6 Support for the GOSW role

Support for the GOSW continues to come from the HR manager. Ongoing pressures with staff turnover and sickness in HR have affected the ability of the HR manager to dedicate the time that should be allocated to the role. The GOSW would like to see more dedicated administration time for the guardian administrator to support the role.

Summary

The data from exception reporting, rota gaps and vacancies between October 2020 and 2021, would again support the view that the doctors in training are working safely at KHFT.

The low level of fines levied for serious breaches of safe working regulations this year supports this assertion, although there was an increase in the number of immediate safety concerns.

Engagement with the reporting process could be improved, particularly with respect to reporting missed breaks and by higher trainees. Facilitating the ability of non-training grade doctors to exception report would further improve the quality of this safety data.

Improvement in respect to consultant engagement is also required, particularly with respect to the time taken to close reports.

The Covid surge rotas supported the trainees well and morale was good throughout the first surge, but there was some anxiety going into the second wave that the hospital wide rota was not compliant on weekend frequency. The GOSW recommends early engagement with trainees when planning any future changes of rota given that the BMA have now withdrawn the relaxation of the rota rules. All future rotas will need to be fully compliant.

Plans have progressed well, through the JDF, for the use of the 'Fatigue and Facilities' award that the trust had received.

Recommendations

1: The GOSW recommends that provision should be made in the Trust grade contract to enable them to exception report. The GOSW requests that a working group is established to understand what the barriers to this might be and to seek solutions. Many trusts have organised for Trust grade doctors to exception report and the GOSW believes this would present a more accurate picture of safe working and patient safety.

2: Engagement with CS and ES should be intensified and consideration of the introduction of penalties should be given for breaches of the 7-day closure target. Reduction in time to close exception reports must be a priority in the coming year to ensure that problems affecting safe working are addressed in a timely many.

3 Formal review of the time allocation for the role of GOSW and the administrative support role should be prioritised this year.

4. The GOSW recommends early engagement with trainees regarding future changes to rotas to manage any further surges of Covid-19 cases as the BMA has withdrawn from the joint statement regarding working patterns and relaxation of rules. All future rotas must be compliant with the T&Cs.

Questions for consideration

I ask the board to note the report and to consider the assurances provided by the guardian.