

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2019**

Title:	PERFORMANCE REPORT
Responsible Director:	Lawrence Tallon, Director of Strategy, Planning & Performance
Contact:	Andy Walker, Head of Strategy & Planning, Ext 13685 Rukudzo Hakulandaba, Performance Assurance Manager, Ext 13688

Purpose:	To present an update to the Board of Directors
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
Key Issues Summary:	<ul style="list-style-type: none"> • The Trust's A&E performance fell by 1.7pp in June. Nationally, first quarter performance is the worst since records started. • RTT performance remained broadly static, whilst the waiting list size grew against the baseline. • Performance for both the 2 week wait targets deteriorated in month, and is still impacted by demand and capacity for urgent breast referrals. • The 62 day cancer GP and screening were below target. The 31 day first treatment performance fell whilst subsequent surgery returned above target. • Overall delayed transfers of care continue to reduce due to a reduction in social care delays. • Further details and actions taken in response to the exceptions identified are included in the report.
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions.

Signed:	Lawrence Tallon	Date: 15 July 2019
----------------	-----------------	--------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2019
PERFORMANCE REPORT
PRESENTED BY THE DIRECTOR OF STRATEGY, PLANNING & PERFORMANCE

1. Purpose

This paper summarises the Trust's performance against national targets, including those in the Single Oversight Framework. Where RAG ratings are given in the Appendix, green indicates the target is being achieved, amber that performance is slightly below target, and red that it is significantly below. Material risks are detailed in this paper and in Appendix 1 along with other targets and indicators. The latest quarterly report of the Guardian of Safe Working forms Appendix 2 to this report.

2. Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

Internal Trust performance¹ fell by 1.7pp to 68.5% in June, with overall attendances 1.4% higher than the same period last year. On average, over the month, there were 1,154 attendances per day. When Type 3 activity from other local providers and Type 5 activity that has been redirected away from the Emergency Departments (e.g. hot clinics and direct admissions to CDU/MAU/SAU) is included, the Trust's performance deteriorated by 1.4% to 80.9% in June.

QEHB performance against the four hour standard fell to 64.4%, with attendances 2.7% higher than June 2018. Heartlands performance fell by 0.3pp to 65.1%. Attendances at the hospital were 2.5% higher than June 2018 and 5.8% higher than the previous month. The site experienced its highest ever weekly attendance volume. Good Hope performance improved by 1.7pp to 66.1%, this is despite a 1.6% increase in attendances. Solihull performance was 98.1%.

Site	Daily Attendances Jun 2018	Daily Attendances May 2019	Daily Attendances Jun 2019	Change Jun 2018 to Jun 2019	Change May 2019 to Jun 2019
QEHB	334.5	347.1	343.7	2.7%	-1.0%
Heartlands	417.3	404.2	427.7	2.5%	5.8%
Good Hope	262.2	256.4	266.4	1.6%	3.9%
Solihull	124.2	114.1	116.6	-6.2%	2.2%
UHB	1138.2	1121.8	1154.3	1.4%	2.9%

¹ This refers to Type 1 performance at QEHB, BHH, GHH and Type 3 performance at Solihull, before other activity is included, such as allocated walk-in centre activity or ED diversion pathways.

2.2 RTT 18 Week Incomplete Pathways, 52 Week Waits and Waiting List

In May, overall performance for 18 week incomplete pathways slightly improved to 86.5%. The waiting list size grew by 1.8% compared to the previous month.

Longer waiting times for treatment and growth in waiting list size, following a history of capacity shortfalls, continue to be a challenge in a number of specialties. Twelve specialities were below target in May.

Two 52 week breaches were reported, with a breach each in Dermatology and Cardiology/hypertension. The Dermatology breach was due to an admin error in the Booking Centre. The Cardiology/hypertension breach was as a result of long waits in that specialty and an IT system error. A manual workaround to mitigate the system error has been put in place whilst an update to the Oceano system is implemented. RCAs of the breaches have been completed with an expectation that they will progress to a full Executive RCA Review.

2.3 6 Week Diagnostics

The Trust performance of 99.0% in May was compliant with the national standard. The target was only just met. This is partly due to an increase in the number of diagnostic imaging breaches, concentrated on the particular pressure points of MRI at QEHB and CT at Heartlands, Good Hope and Solihull hospitals.

Endoscopy had seen a significant improvement in April from March, but performance did not improve further into May. There continue to be demand and capacity pressures in the service across the Trust.

2.4 Delayed Transfers of Care

The percentage of NHS and joint patients who were delayed remained static at 1.9%. The overall total percentage delay improved even further to 3.2%. The May figure, is the lowest ever achieved across the four acute hospital sites. The improved overall position continues to be mainly attributed to a reduction in social work assessment delays. However, the overall position at Solihull fell by 1.1pp to 5.8%.

There will be a focus on health delays to continue to drive these down with a more detailed piece of analysis being undertaken to understand the cases and circumstances that make up the two categories with greatest health delays: patient/family choice and NHS ongoing care placements. We can then work with partners to reduce these further and provide even better care for those leaving our sites with ongoing care needs, while supporting their families and friends.

2.5 Cancelled Operations

The number of operations cancelled on the day of surgery increased by 36 to 314 in May. Cancellations were mainly due to bed capacity and emergency pressures.

Ten patients were not rebooked within 28 days in May due to site pressures experienced at the end of April and start of May. QEHB had six breaches, whilst Good Hope and Heartlands hospital had two breaches each.

Five of the breaches were originally re-dated within the 28-day period but were cancelled again. The other four patients wished to remain with the same surgeon and as a result it was not possible to date them within the 28-day period given constraints on the service. Nine of the patients have now been treated with a further patient declining treatment due to moving location. The patient will be transferring to another hospital.

2.6 Cancer Targets

Performance for the Cancer 62 day GP referral target deteriorated by 1.1pp to 69.6% in May. The 62 day screening performance was 87.5% with 2 breaches across the Trust. Performance for the 31 day first treatment target fell by 0.8pp to 93.5%, whilst subsequent surgery returned above target at 96.8%. Performance for the 31 day subsequent radiotherapy treatment remained above target at 94.4%, however there was an in month deterioration of 3.8pp.

There is a focus on giving diagnosed patients dates for surgery with capacity being maximised through additional Waiting List Initiatives, use of locum staff, recycled operating lists and the use of capacity flexibly across the Trust.

The 2 week wait breast symptoms and suspected cancer targets were below target at 71.6% and 24.1%, respectively. Breast performance continues to be the key contributor to under delivery of the 2ww wait suspected cancer target, with performance at 18.4% due to 541 breaches in May. Reported performance has deteriorated as a direct result of continued efforts to tackle the outstanding breast 2ww backlog. However, significant progress has been made with the number of patients over 14 days without a date now standing at less than 40.

Capacity continues to be added through the use of agency locums with existing capacity prioritised for the highest risk patients. Daily monitoring is in place to ensure all available capacity is utilised and clinics are also being overbooked to further accommodate the longest waiting patients.

3. **Recommendations**

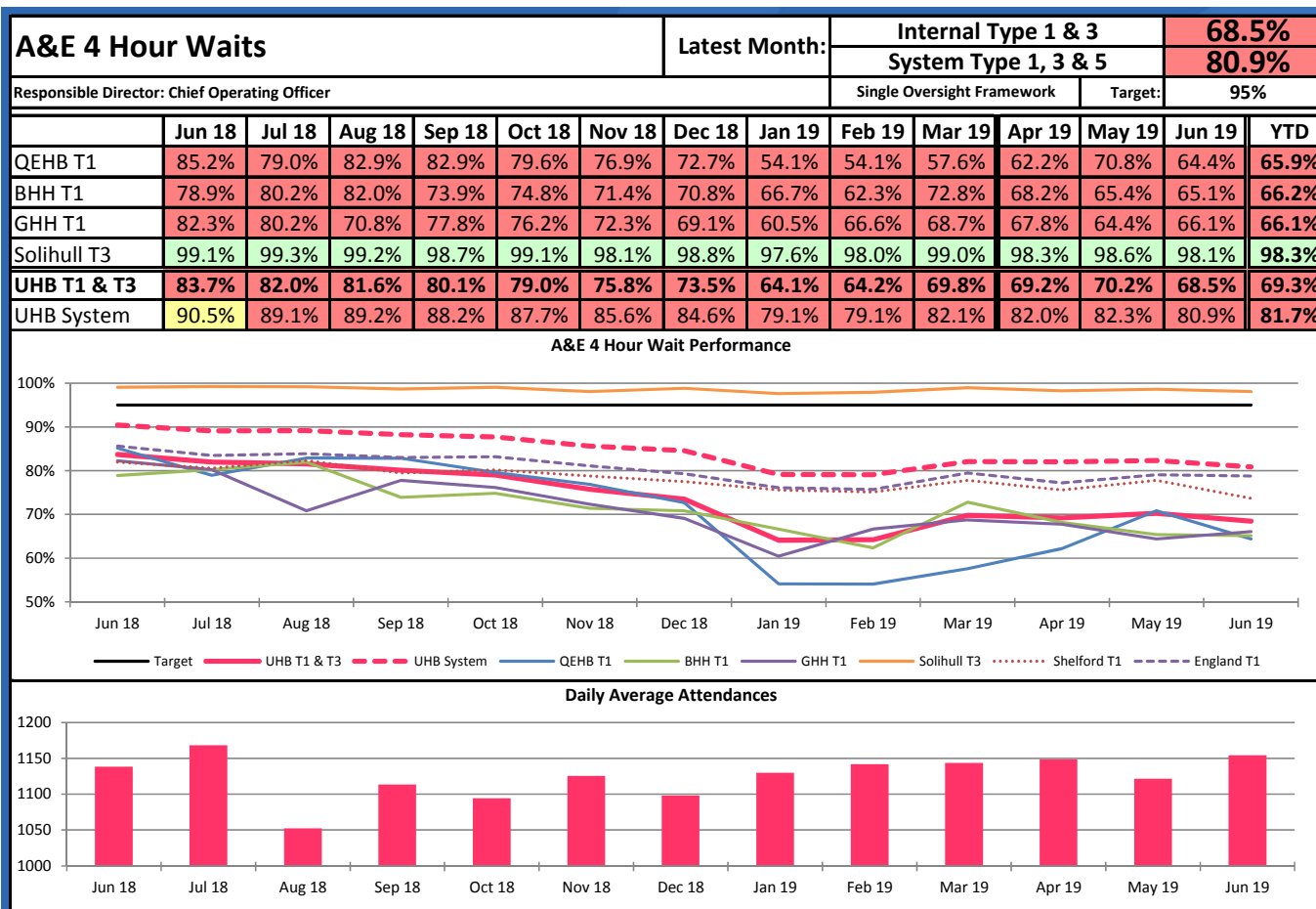
The Board of Directors is requested to:

Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions.

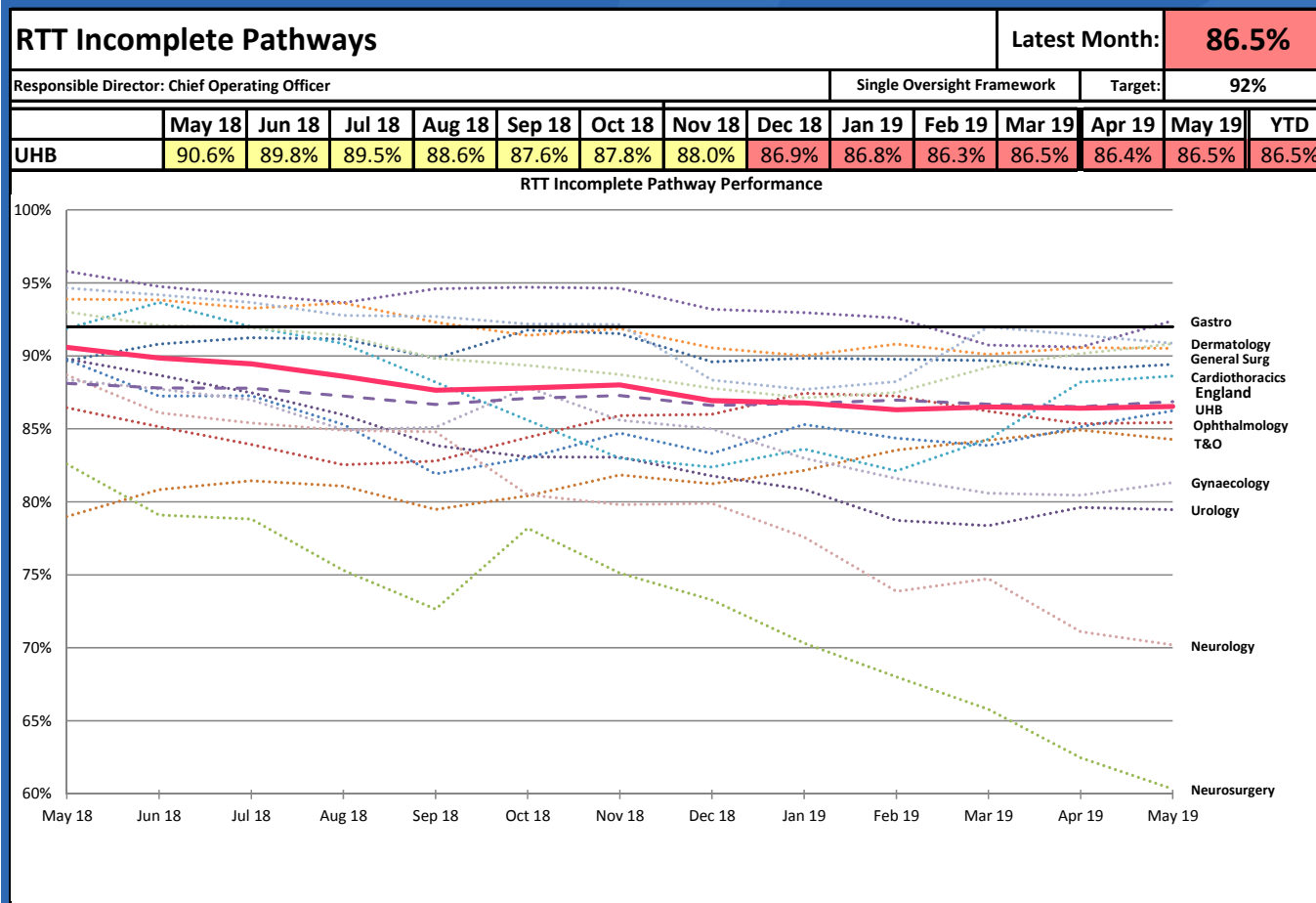
Performance Report

Lawrence Tallon
Director of Strategy, Planning and
Performance

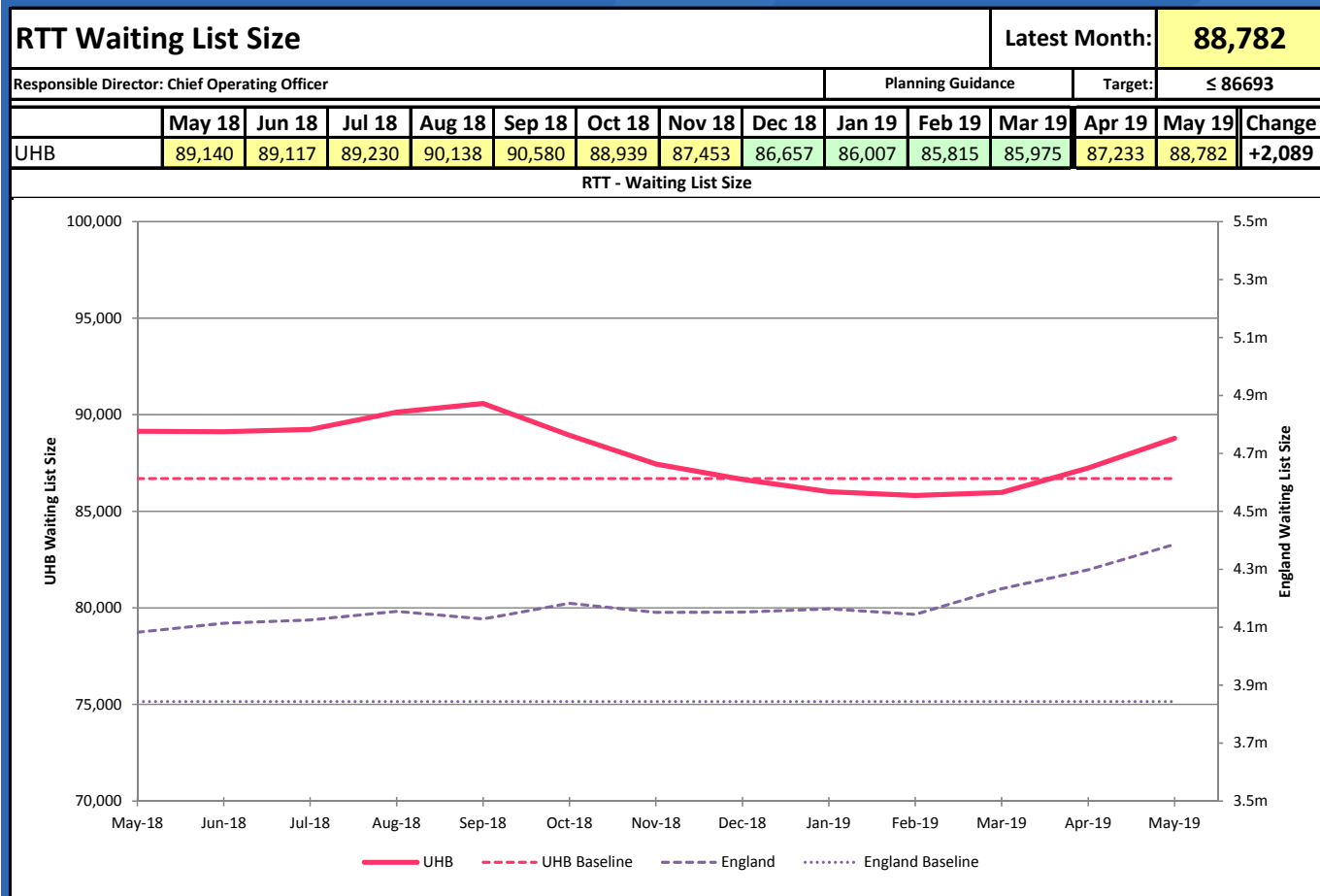
Material exceptions to report



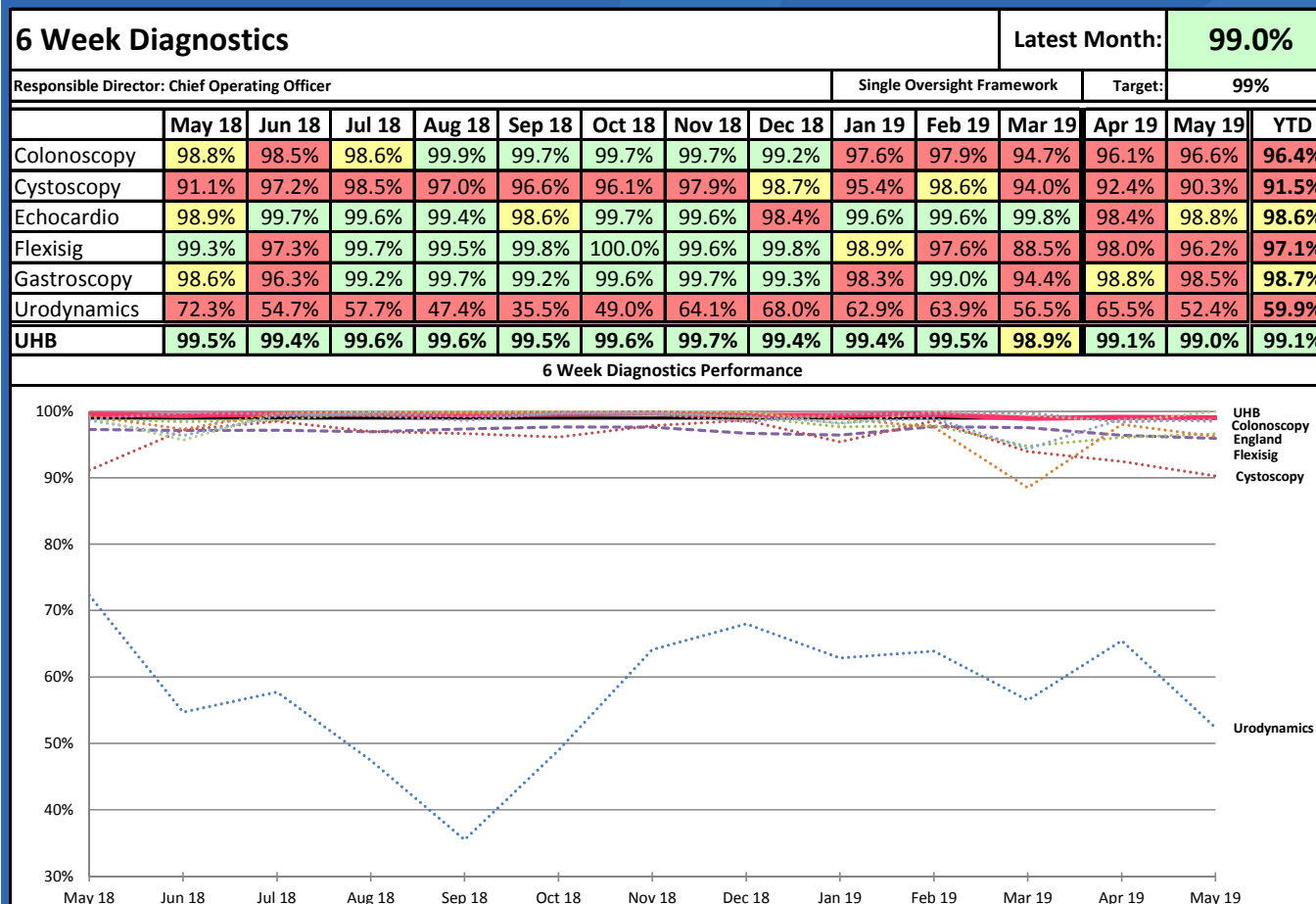
- Overall Trust performance fell by 1.7pp to 68.5%.
- System performance fell to 80.9%.
- All sites except for Solihull had an increase in attendances compared to June 18.
- QEHB performance fell to 64.4%, after continuous improvements in the last 3 consecutive months.
- Heartlands performance fell by 0.3pp to 65.1%, with the site experiencing their highest ever weekly attendance volume.
- Good Hope performance improved by 1.7pp to 66.1%.



- Trust incomplete RTT slightly improved to 86.5%.
- This was mainly due to an increase in the waiting list size with the backlog remaining broadly static.
- Neurosurgery performance deteriorated by 2.1%, despite seeing similar number of patients as April. Their waiting list size grew by 3.3% in May.
- Two 52 week waits reported.
- The breach in Dermatology was due to an administrative error in the Booking Centre.
- Cardiology/hypertension had a breach as a result of long waits in that specialty and an IT system error.



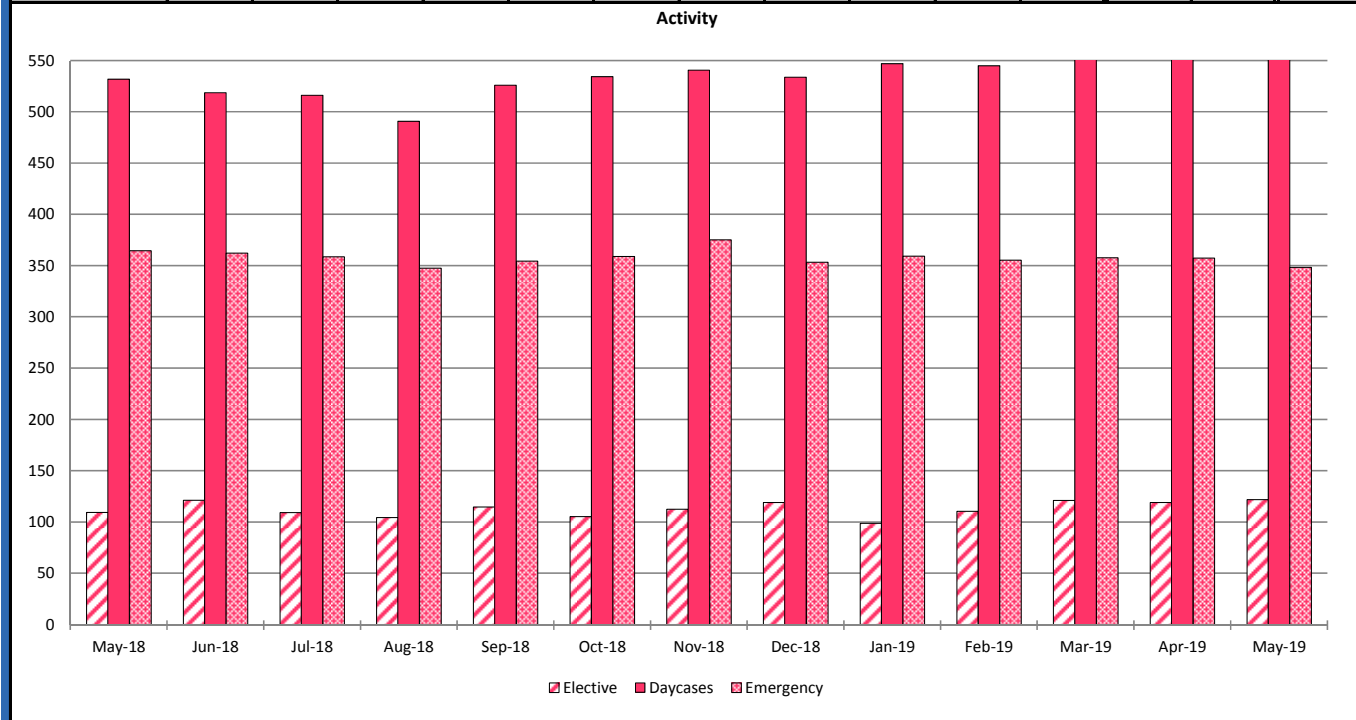
- The RTT waiting list size grew in month by 1,549.
- It is now 2,089 (2.4%) above the March 18 baseline of 86,693, but 358 (0.4%) lower compared to the same period last year.
- The increase was mainly driven by QE based elements of specialties where completed pathways were down against plan, despite activity being comparable to the monthly average from 18/19.
- Nationally the waiting list grew to 4.4m which is 14.1% above baseline. It is now higher than any time since records started.



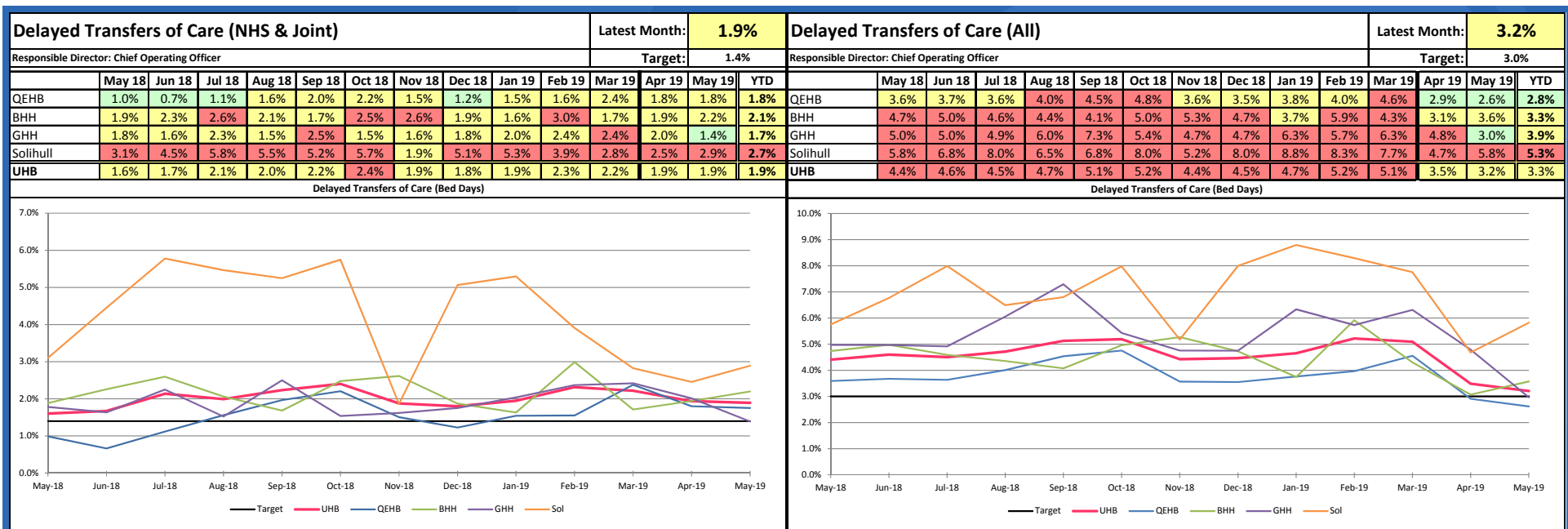
- Overall Trust performance was 99.0% in May.
- This was partly due to an increase in the number of diagnostic imaging breaches.
- There continue to be demand and capacity pressures in Endoscopy across the organisation.
- Endoscopy saw a significant improvement in April from March, but performance did not improve further in May.

Activity - Daycases & Electives per Working Day, Emergencies per Day

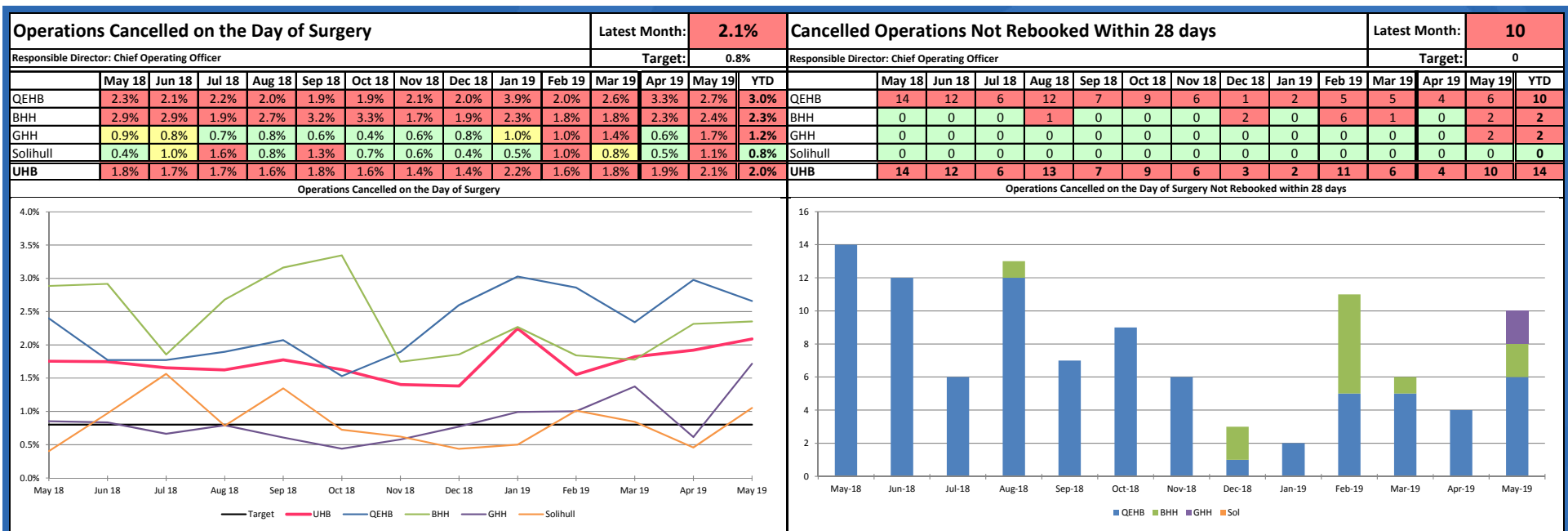
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Latest
Daycases	532	519	516	491	526	534	541	534	547	545	572	623	610	610
Elective	109	121	109	104	115	105	112	119	99	110	121	119	122	122
Emergency	364	362	359	347	354	359	375	353	359	355	358	358	348	348



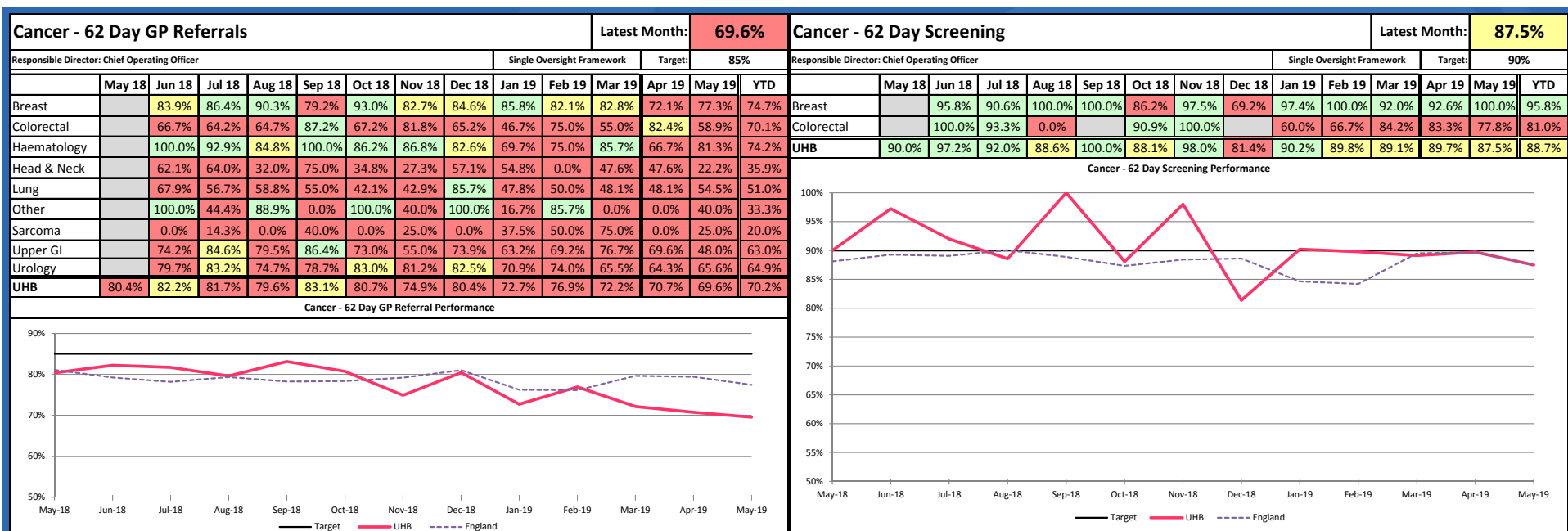
- Overall activity per working day in the Trust was lower by 1.8% compared to April.
- Daycase activity per working day fell by 2.2%.
- Electives per working day increased by 2.3%.
- Daily emergency activity per working day fell by 2.6%.



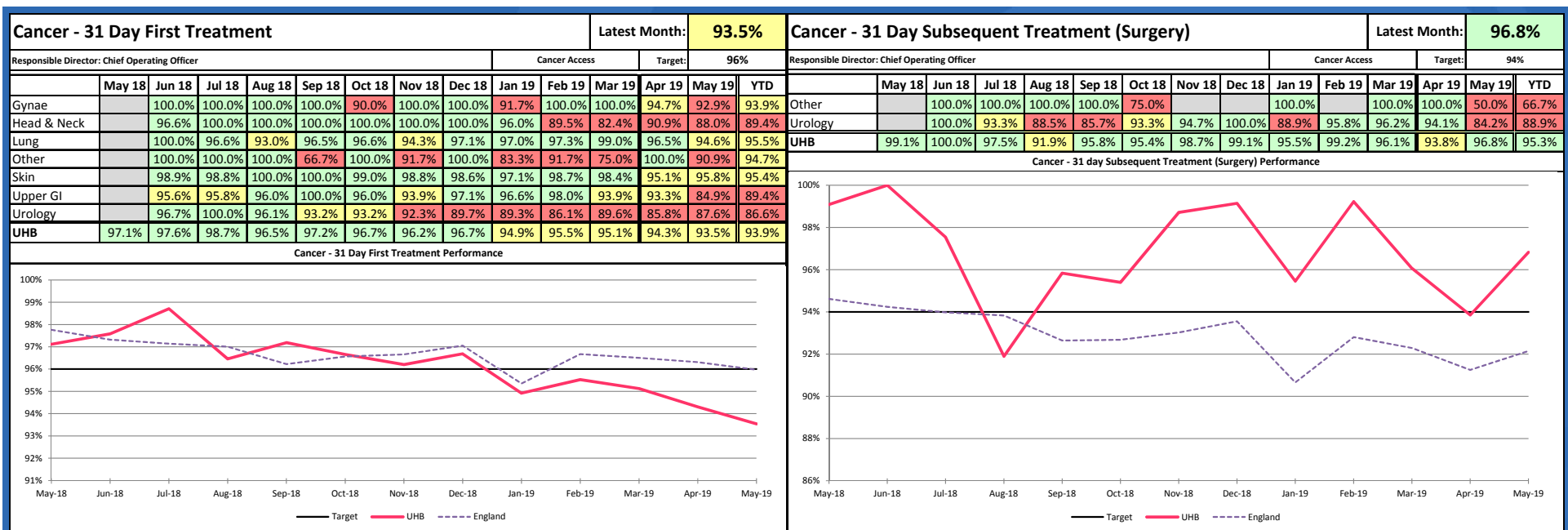
- The overall percentage of NHS and joint delays remained static at 1.9% in May.
- The total percentage delay continues to improve with May performance at 3.2%. This is the lowest ever figure of delayed patients across the four acute hospital sites.
- QEHB and Good Hope had an improved position mainly due to a reduction in social care related delays.
- Good Hope overall performance was 3.0%. Birmingham City Council and Staffordshire delays at the hospital fell by 42% and 41%, respectively.
- At Solihull there was an increase in social care-related delays, with the overall delayed position deteriorating by 1.1pp to 5.8%.



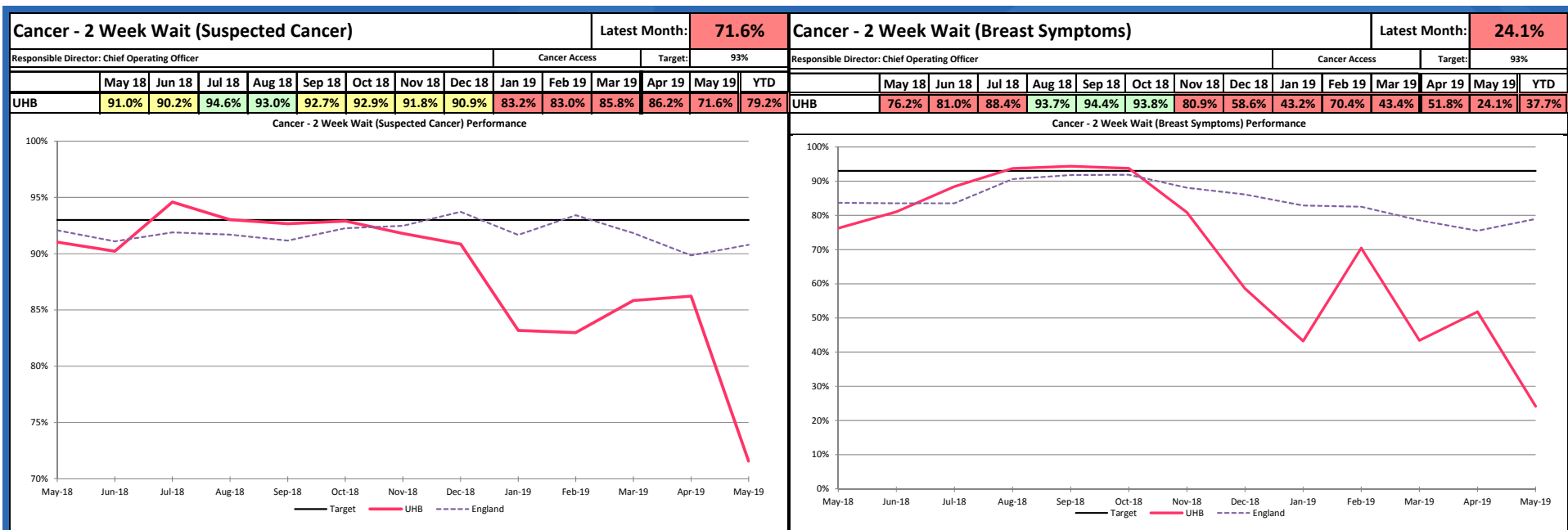
- A total of 314 operations were cancelled on the day of surgery in May, an increase of 36 from April.
- QEHB, Heartlands and Good Hope had a total of 10 breaches of the 28 day guarantee.
- The breaches were related to site pressures experienced at the end of April and start of May.
- Five of the breaches were originally re-dated within the 28 day period but were cancelled again, whilst four of the breaches were patients who wished to remain with the same surgeon and, as a result, it was not possible to date them within the 28-day period.
- Nine of the patients have now been treated with a further patient declining treatment due to moving location. The patient will be transferring to another hospital.



- The Trust's overall performance for GP referrals deteriorated by 1.1pp to 69.6%. The performance is below the recovery trajectory set at 71.3% for May.
- The majority of breaches are in Urology, Breast and Colorectal and due to capacity constraints along the diagnostic pathways, counselling slots and surgery.
- The services are currently under review for alignment of pathways.
- Overall screening performance for the Trust was 87.5%, as a result of 2 breaches.



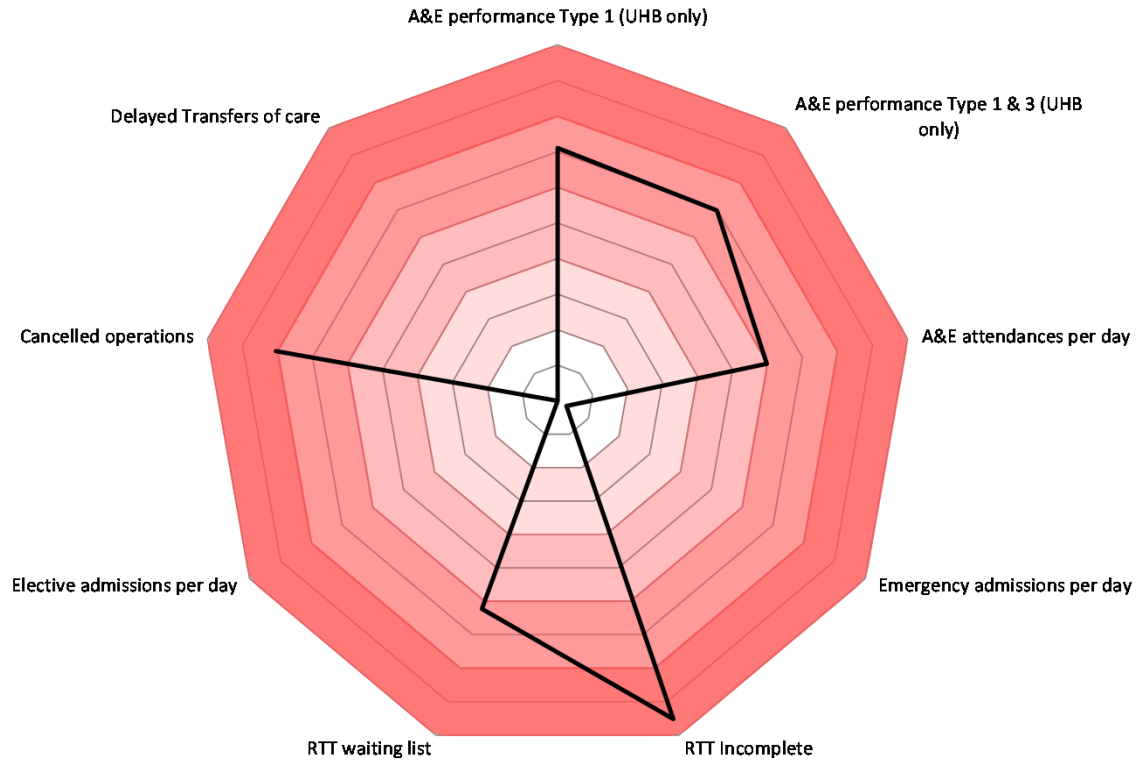
- 31 day first treatment performance deteriorated by 0.8pp to 93.5%.
- Upper GI deteriorated by 8.4pp to 84.9%.
- Subsequent surgery performance for the Trust improved by 3.0pp to 96.8%.
- The position for the Urology and Other (patient treated for metastatic disease of an unknown primary) tumour sites deteriorated due to one breach in each service.



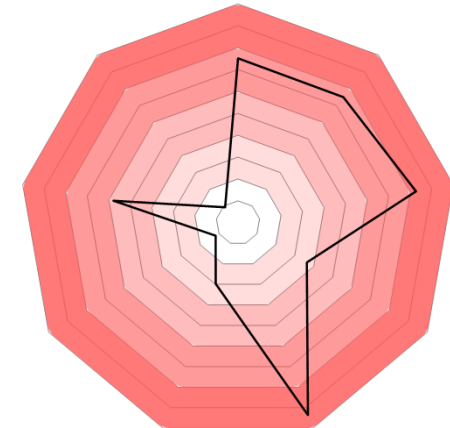
- Performance for 2 week waits for suspected cancer deteriorated by 14.6pp to 71.6%.
- Under performance against both 2ww suspected cancer and 2ww breast symptoms continues to be driven by a significant number of breaches on the breast 2ww pathway.
- Reported performance has deteriorated as a direct result of continued efforts to tackle the outstanding breast 2ww backlog.
- However, significant progress in addressing the backlog has been made with the number of patients over 14 days without a date now standing at fewer than 40.
- Performance for the 2 week wait for breast symptoms deteriorated by 27.7pp to 24.1%.

Other targets and indicators for information

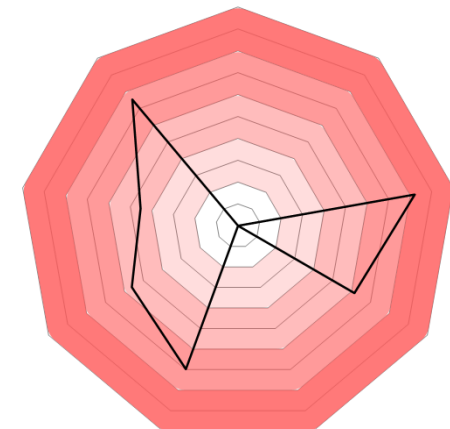
Pressure Chart - May 2019



Pressure Chart - April 2019

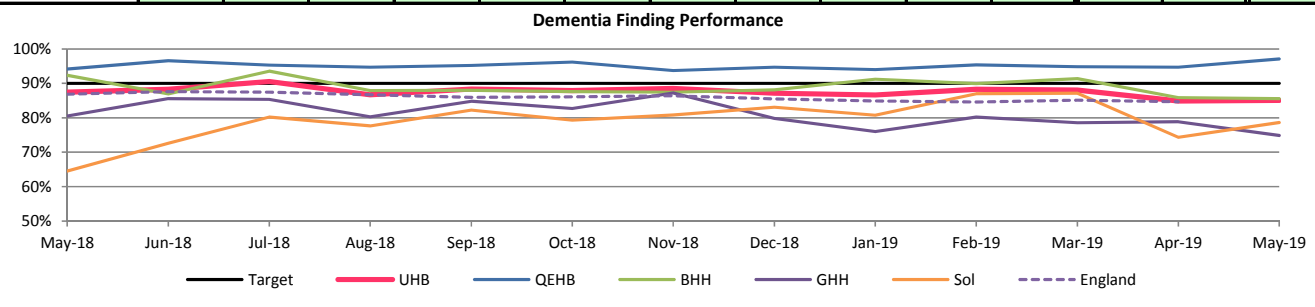


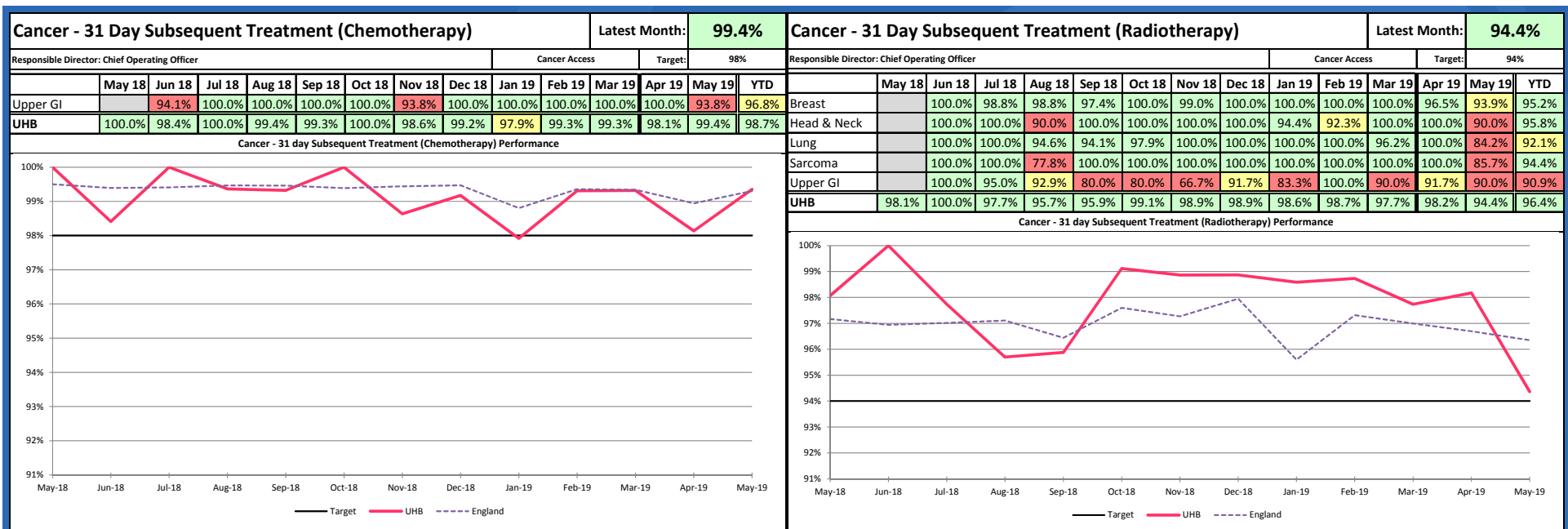
Pressure Chart - May 2018



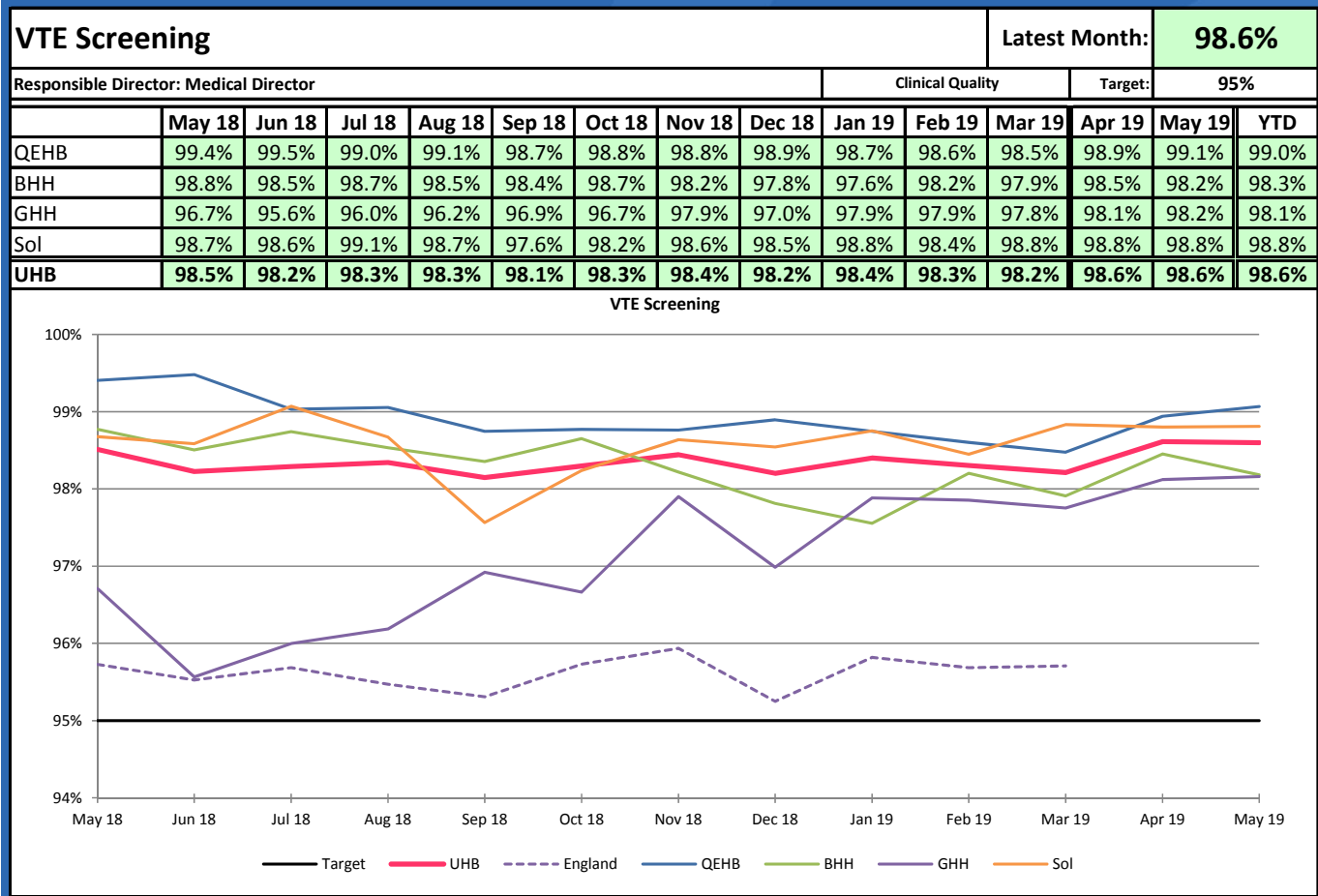
Dementia Finding, Assessment and Referral										Latest Month:		Find	85.0%	
Responsible Director: Medical Director										Single Oversight Framework		Assess	100%	
												Refer	100%	
												Target:	90%	
	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	YTD
QEHB - Find	94.2%	96.6%	95.3%	94.7%	95.2%	96.2%	93.7%	94.7%	94.0%	95.4%	94.8%	94.7%	97.2%	95.9%
BHH - Find	92.4%	86.9%	93.6%	88.0%	88.0%	87.6%	87.5%	88.2%	91.3%	89.9%	91.4%	85.9%	85.5%	85.7%
GHH - Find	80.5%	85.5%	85.4%	80.3%	84.8%	82.7%	87.2%	79.9%	76.0%	80.2%	78.6%	78.9%	74.9%	76.9%
Solihull - Find	64.5%	72.6%	80.2%	77.6%	82.3%	79.3%	80.8%	83.1%	80.8%	87.0%	87.2%	74.3%	78.6%	76.1%
UHB - Find	87.5%	88.3%	90.6%	86.7%	88.3%	88.0%	88.5%	87.2%	86.6%	88.3%	88.1%	84.9%	85.0%	85.0%
QEHB - Assess	100%	97.4%	97.1%	100%	97.0%	100%	100%	98.1%	97.6%	97.7%	100%	100%	100%	100%
BHH - Assess	86.4%	95.2%	88.5%	78.6%	85.7%	78.8%	100%	96.2%	100%	90.9%	95.5%	96.7%	100%	98.2%
GHH - Assess	100%	88.5%	96.0%	100%	84.4%	100%	90.0%	88.9%	100%	100%	100%	92.9%	100%	96.8%
Sol - Assess	62.5%	90.9%	100%	100%	90.9%	100%	75.0%	100%	100%	92.3%	100%	93.8%	100%	96.8%
UHB - Assess	92.8%	93.8%	94.4%	93.0%	89.2%	93.2%	93.5%	96.4%	98.9%	95.1%	98.8%	96.7%	100%	98.3%
QEHB- Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BHH - Refer	-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
GHH - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sol - Refer	-	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%
UHB - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

- Performance for the “Find” element slightly improved by 0.1pp to 85.0%.
- QEHB remained above target with a performance improvement of 2.5pp to 97.2%.
- Heartlands and Good Hope performance fell by 0.4pp to 85.5% and 4.0pp to 74.9%, respectively.
- Solihull performance improved by 4.3pp to 78.6%.
- Both the “Assess” and “Refer” elements had an excellent performance of 100%.





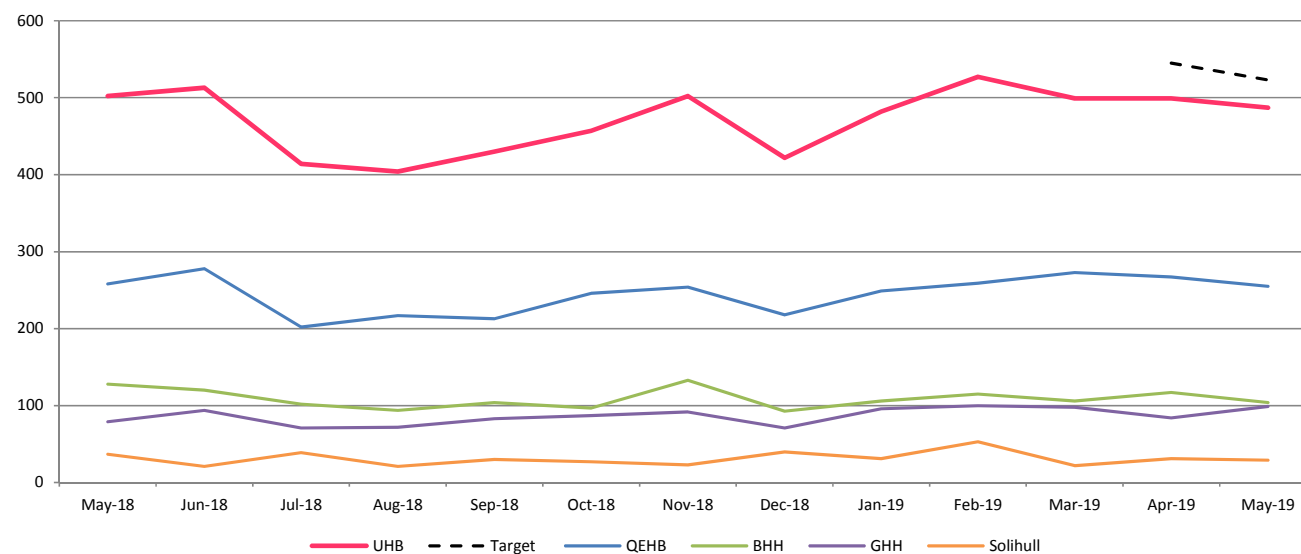
- 31 day subsequent chemotherapy performance improved by 1.3pp to 99.4%.
- Upper GI was below target at 93.8%, due to one breach.
- 31 day subsequent radiotherapy performance remained above target at 94.4%.



- The Trust performance remained static at 98.6% in May.

Occupied beds of all discharged adult patients in hospital for 21+ days												Latest Month:	487	
Responsible Director: Chief Operating Officer												Target:	327 by Mar 2020	
	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Latest
QEHB	258	278	202	217	213	246	254	218	249	259	273	267	255	255
BHH	128	120	102	94	104	97	133	93	106	115	106	117	104	104
GHH	79	94	71	72	83	87	92	71	96	100	98	84	99	99
Solihull	37	21	39	21	30	27	23	40	31	53	22	31	29	29
UHB	502	513	414	404	430	457	502	422	482	527	499	499	487	487

Occupied beds of all discharged adult patients in hospital for 21+ days

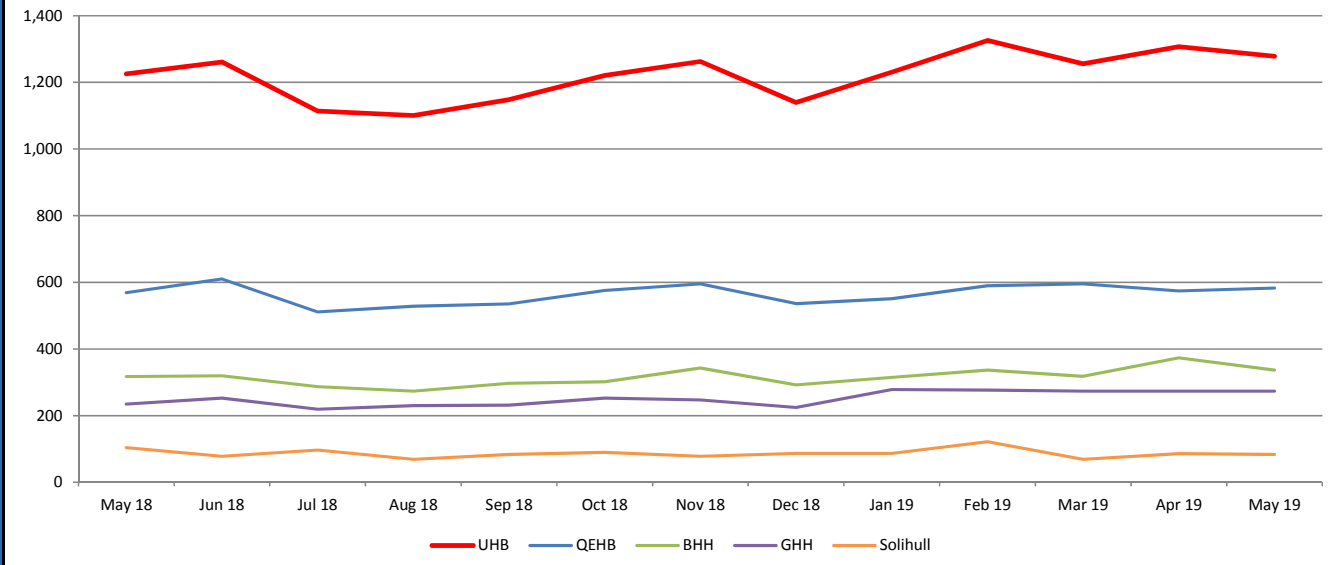


- The March 2020 target of reducing the number of patients with a length of stay of 21 days or more has been set at 327.
- Overall, the Trust had a reduction in the number of patients with a length of stay of 21 days or more in May.

Occupied beds of all discharged adult patients in hospital for 7+ days													Latest Month:	1,278
Responsible Director: Chief Operating Officer														
	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Latest
QEHB	569	610	511	528	535	576	595	536	551	590	595	574	583	583
BHH	317	320	287	274	297	302	343	292	315	337	318	373	337	337
GHH	235	253	219	230	232	253	247	225	278	277	274	274	274	274
Solihull	104	78	97	69	84	90	78	87	87	122	69	86	84	84
UHB	1,225	1,261	1,114	1,101	1,148	1,221	1,263	1,140	1,231	1,326	1,256	1,307	1,278	1,278

- The number of beds occupied by patients with a length of stay >7 days fell by 29 in May compared to April.

Occupied beds of all discharged adult patients in hospital for 7+ days

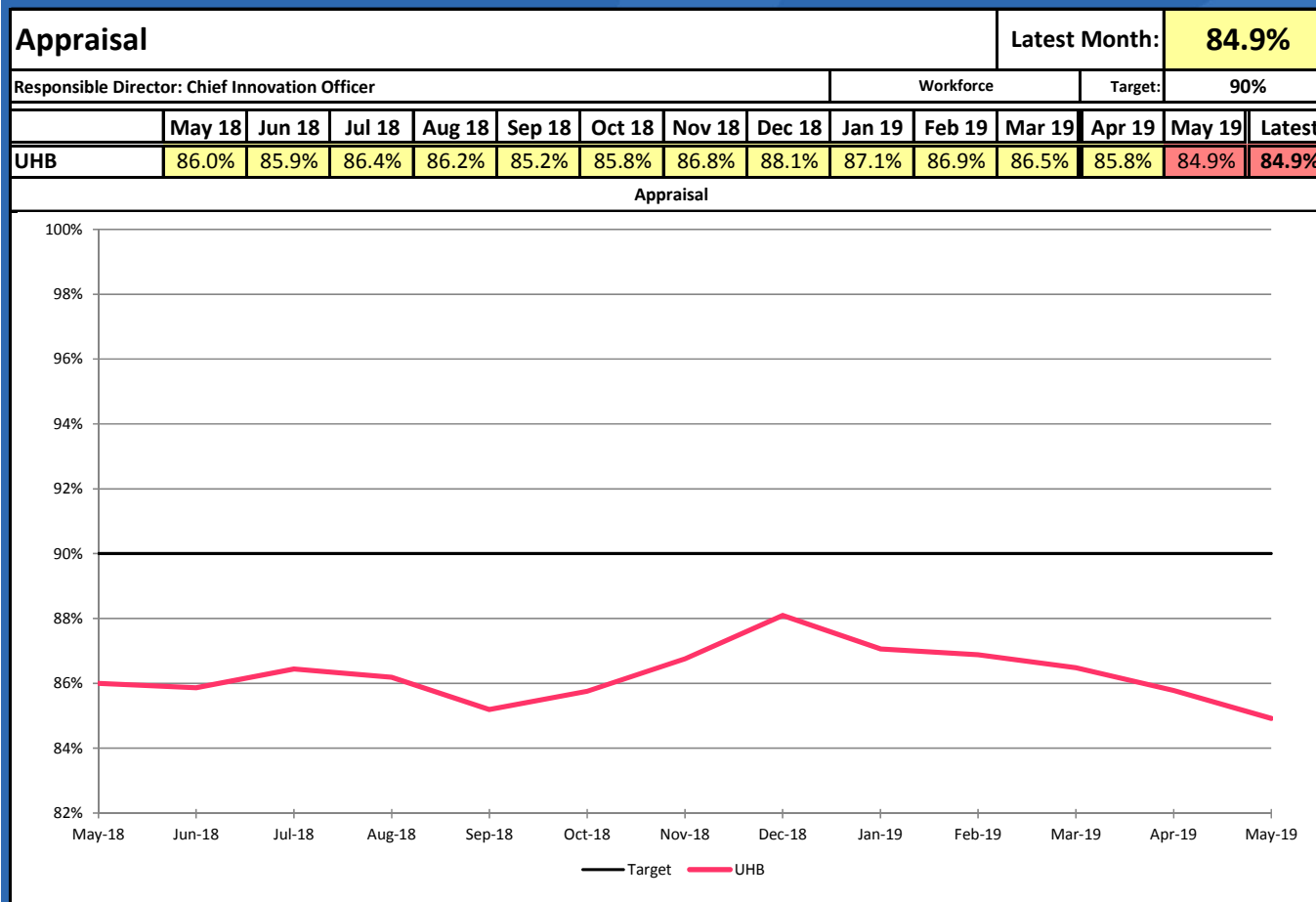


Mixed Sex Accommodation													Latest Month:	0
Responsible Director: Chief Nurse													Target:	0
	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	YTD
QEHB	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BHH	0	0	0	0	0	0	0	0	0	2	0	0	0	0
GHH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Solihull	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UHB	0	0	0	0	0	0	0	0	0	2	0	0	0	0

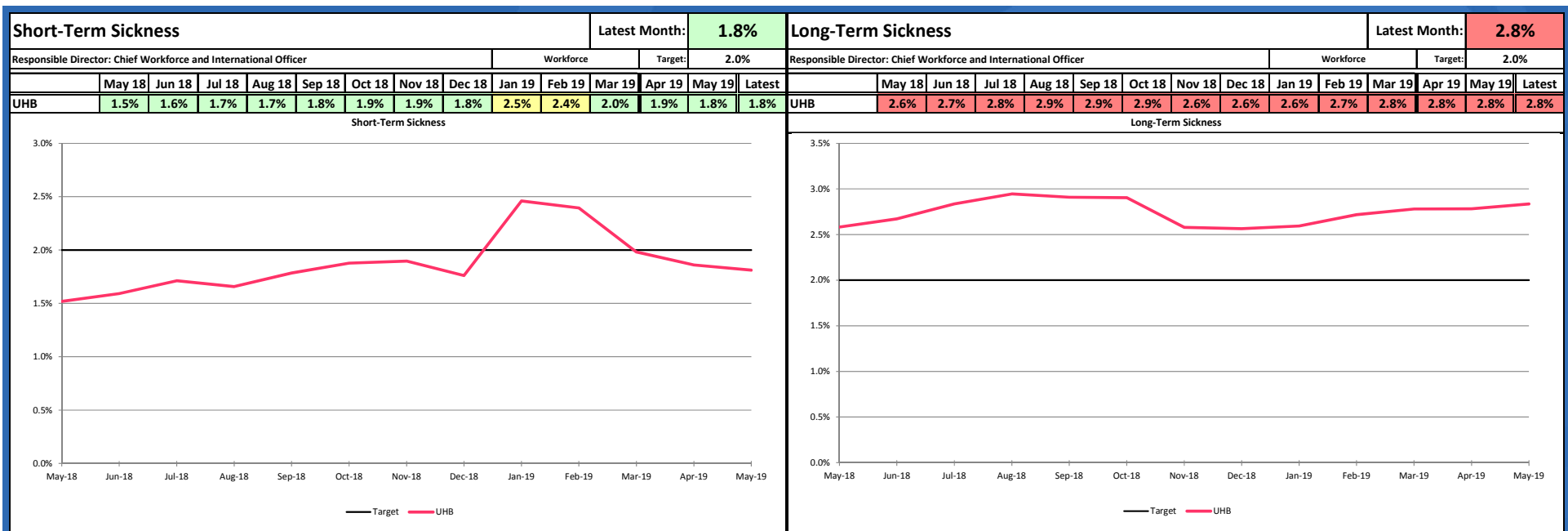
Mixed Sex Accommodation Breaches (Patients Affected)

Month	QEHB	BHH	GHH	Sol
May-18	0	0	0	0
Jun-18	0	0	0	0
Jul-18	0	0	0	0
Aug-18	0	0	0	0
Sep-18	0	0	0	0
Oct-18	0	0	0	0
Nov-18	0	0	0	0
Dec-18	0	0	0	0
Jan-19	0	0	0	0
Feb-19	0	2	0	0
Mar-19	0	0	0	0
Apr-19	0	0	0	0
May-19	0	0	0	0

- There were no breaches of mixed sex accommodation guidance reported in May.
- There was an external reporting error with April figures, which resulted in breaches being reported.
- In line with the guidance, the April 19 figures have now been revised to reflect the guidance.



- Appraisal performance deteriorated by 0.9pp to 84.9% in May.
- A new process for Corporate Induction was introduced from July. Changes to the Workforce data, which will allow standardised reporting across all sites are currently on-going.
- As a result, Corporate Induction definition is changing from July 2019, with performance being reported in September's report.



- Short-term sickness improved to 1.8%.
- Long-term sickness remained static for the third consecutive month at 2.8%.

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

Guardian of Safe Working Quarterly Report:

Quarter 3 (2018-2019): Date period: 1/2/19 – 30/4/19

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 30/4/19 for Q3 (18/19) period are summarised in tables 1a and 1b below. The full spreadsheets (Appendix 1a/1b) are anonymised and indexed by rota:

TABLE 1a		
QEHB Exception Reports:	Number:	Comments:
Hours ERs	47	1 of which ISC
Education ERs	4	
Pattern of work ERs	2	
Service Support ERs	4	2 of which ISC
Total ERs for period Q1 (18/19):	57	
Table 1b		
HGS Exception Reports:	Number:	Comments:
Hours ERs	28	3 of which ISC
Education ERs	2	
Pattern of work ERs	1	
Service Support ERs	1	1 of which ISC
Total ERs for period Q1 (18/19):	32	

*Immediate Safety Concern

- Immediate Safety Concerns
The seven ISCs were reviewed within 24 hours of the events. The potential safety concerns were highlighted to Clinical Supervisors and in some cases addressed by the doctors remaining on duty to prevent escalation of concerns.
- Guardian Fines
None identified during period.

2. AREAS OF SIGNIFICANT TREND IN PERIOD:

TABLE 2a QEHB			
Rota ID:	No. of ERs:	Issues & concerns:	Actions/Resolutions:
Med ST3+ RRK-035	5	Excessive workload for Endocrinology StR with daily duty of seeing all referrals by oneself amidst duties in clinics, with rollover of workload if off on study days. These referrals are numerous and require discussions with consultants late in the working day, followed by returning to ward to inform referring team of clinical management decisions.	Awaiting Endocrinology CSL actions.
Liv Med/Surg/ Vasc F1 RRK-018	16	A significant spike in ER arose within this quarter. Triangulation with data from the weekly trainee survey has confirmed substantial issues within Liver Surgery. Significant workload that has outstripped its current junior doctor workforce has been highlighted and the junior doctors have reported an unsupportive training environment.	Work Schedule Review: High level meetings have been held to conduct urgent work schedule review. Surgical College Tutor, Foundation program directors, Head of medical Education, GSW, Divisional educational Lead have worked with CSL and educational leads within Liver Surgery over a series of meeting. Action plan: (1) An additional junior doctor on call at weekend, (from Aug 2019) (2) Job description for JSD to support (1) is being completed (advertisement May 2019) (3) Internal and external locum doctor has been requested to provide additional weekend cover (May 2019) (4) Liver Surgery consultants will be meeting with junior doctors regularly at specific Liver surgery junior doctor forum
Oncology ST3+ RRK-041	6	(1) Consistent workover beyond the scheduled finish time of residency on call at 2030 due to significant workload. (2) Clinics overrun past scheduled finish time.	Work schedule review: (1) Previous 4 week monitoring exercise failed due to inadequate data return. Monitoring exercise will be repeated in May 2019. (2) Doctors have been requested to consider full shift with resident on call due to the work load but the majority reject

			<p>this proposal at the meeting.</p> <p>(3) Dr Williams clarified the expectation for start/finish for the StRs</p> <p>(5) Clinic overrun is compensated by TOIL</p>
Onc/Heam CT/Foundation RRK-037	10	Consistent workovers beyond the normal working day due to significant workload and regular failure to maintain minimum staffing levels, this is exacerbated by sickness.	Work Schedule Review to be initiated with CSL.

TABLE 2b HGS				
Rota ID:	Hosp. Site:	No. of ERs:	Issues & concerns:	Actions/Resolutions:
General Surgery FY1 RP1-015	BHH	16	Workload is considered too high for current staffing levels; this is a particular issue in vascular surgery. The rota is made up of F1s from different specialties – in areas where there are small numbers of doctors/ high volume of patients, maintaining suitable minimum staffing levels is challenging.	<p>Management team currently building case for additional non training grade staff, in particular Physicians Associates, advanced care practitioner and International Fellows.</p> <p>Improved rostering of specialties has been introduced from April 2019.</p> <p>The position will be reviewed throughout Q4.</p>

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 provided: Full <u>OR</u> OOH only:
RRK003 (2)	8	1	OOH
RRK003 (4)	8	1.2	OOH
RRK003 (3)	8	0.8	OOH
RRK003 (5)	8	0.4	OHH
RRK003 (6)	8	0.4	OOH
RRK003 (9)	8	6	OOH
RRK017a	12	1	Full
RRK021	21	4	Full
RRK026	11	1	OHH
RRK027	8	1	OHH
RRK029	6	1	Full
RRK037	13	0.4	OHH

RRK043	10	3	Full
RRK045	10	0.4	OHH
RRK049	13	0.4	OHH
RRK059	4	1	Full
RRK063	13	1	Full

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

4. GUARDIAN EXCEPTION REPORTING REVIEW GROUPS (GERRG):

QEHB GERRG meeting was held on 19/2/19 with junior doctors' representatives in attendance. The first HGS GERRG meeting took place on 7/2/19 at BHH; attendance was low despite numerous invitations and reminders. The purpose of the meetings was to review the Q2 (18/19) exception reports and related matters. Notes of these meeting are available separately.

5. OTHER:

HGS progress update:

- An assessment of templates rotas is underway for August 2019 intake; priority will be given to specialties with high volumes of junior doctors – Medicine, Surgery, Anaesthetics, and rotas where there are significant numbers of LTFTTs.
- HGS Rota Lead and Co-ordinator commence May 2019, both posts will be co-located for an initial period of time between QEHB and BHH to facilitate training and mentoring.
 - Rostering in accordance with rota templates remains a concern – establishment of formal 'rota co-ordinators' would be optimal. Training/advice is being offered where template rota discussions have identified concerns with rostering.
 - Workload is high in many areas – additional non training grades to support the JDiT workforce is recommended.

The GSWs have received a request for modification of the Workover procedure via the Guardians Exception Reporting Group. The GSW will raise this with the Director of Workforce and Innovation. The GERRG representative will also raise this through LNC.

The GSWs continue to deliver a programme of ER training and information via JD forums and specialty visits.

The Guardians of Safe Working (GSWs) are satisfied that the Exception Reports raised in Q3 (18/19) were investigated/resolved in a timely and appropriate manner.

Dr J Goh
Guardian of Safe Working
University Hospital Birmingham NHSFT
20/5/19