Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	**Date:** 3rd December 2020	
Prepared By:	Janusz Jankowski, Guardian of Safe Working Hours		
Approved By:	David Selwyn, Medical Director		
Presented By:	Janusz Jankowski, Guardian of Safe Working Hours		
Purpose			
Mandatory requirement for assurance of safe working as per Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.		**Approval**	
		Assurance	**X**
		Update	
		Consider	

Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	Play a leading & transforming role health and care services
X	**X**	**X**	**X**	

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
		X		

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	Through fines for breaches of safe hours, additional payment and cost of locums for rota gaps.
Patient Impact	Adequate staffing of junior doctor rotas is required to deliver the service and achieve patient outcomes.
Staff Impact	Engagement with exception reporting & Terms and Conditions of Service Contract (2016) is required to retain junior doctors in training posts. Impact on Trainee's wellbeing.
Reputational	Facilitating an environment where there is trust wide engagement with the 2016 contract and exception reporting is positively and constructively responded to; this is required so that junior doctors feel this is a trust where they can achieve their training outcomes.
Committees/groups where this item has been presented before	
Due to be presented at Local Negotiating Committee after Trust Board presentation.	

Executive Summary

This Guardian of Safe Working Hours report provides detail of exception reporting (ER) received from 9th September 2020 until 20th November 2020. The report shows where trends are emerging with regard to ER and makes recommendations about further work that is required to provide more information for the Guardian of Safe Working Hours and ongoing support for both the junior doctors and consultants regarding the ER process.

Section 1. Data

Figure 1. Latest quarter - Autumn 2020

Exception Reports (ER) over past quarter	
Reference period of report	09/09/20 - 20/11/20
Total number of exception reports received	88
Number relating to immediate patient safety issues	3
Number relating to hours of working	80
Number relating to pattern of work	0
Number relating to educational opportunities	3
Number relating to service support available to the doctor	5

Figure 2. Approx. same time period last year - Autumn 2019

Exception Reports (ER) over past quarter	
Reference period of report	01/09/19 - 11/11/19
Total number of exception reports received	54
Number relating to immediate patient safety issues	5
Number relating to hours of working	50
Number relating to pattern of work	2
Number relating to educational opportunities	1
Number relating to service support available to the doctor	1

Figure 3. The previous quarter – Summer 2020

Exception Reports (ER) over past quarter	
Reference period of report	01/06/20 - 11/08/20
Total number of exception reports received	12
Number relating to immediate patient safety issues	1
Number relating to hours of working	10
Number relating to pattern of work	1
Number relating to educational opportunities	0
Number relating to service support available to the doctor	1

Section 2. Commentary to Data above

1. There have 88 exception reports in this quarter related to safe working with the majority coming from juniors' doctors working in the medical division (Figure 1).
2. Three of these were clinical safety concerns about workload.
3. This is dramatically more both than this time last year (Figure 2) as well as the preceding quarter during Covid phase 1 (Figure 3).
4. The length of time between raising an exception report and an initial meeting with the supervisor and also overdue reports can still be too long. Some educational/Clinical supervisors are frequently slow to respond and they are often the same people quarter after quarter. Since the Guardian desisted from direct intervention in the ER process, average time for juniors to receive a decision has increased from 7 days to 21 days. The contractual requirement is that exception reports should be responded to within 14 days maximum. Previously the Guardian was intervening in any delays over 7 days, but this isn't a sustainable policy as these decisions should be made by the Clinical Supervisors.].
5. There have been no work schedule reviews as a consequence of exception reporting.
6. There has been 3 instances where juniors have been unable to get to educational opportunities due to work pressure and absence of cover and these exception reports have been responded to by the Director of Postgraduate Medical Education

– Dr Cox.

7. There have been 5 instances where juniors have felt unsupported particularly with middle or senior level advice. This is due to inadequate supervision due to seniors being occupied elsewhere.
8. The post vacancy rates remains low as gaps are supported by the clinical fellow programme. Data of locums filling vacant shifts will be available for the next report.
9. At SFHT we encourage junior doctors to complete exception reports, and this is evidenced by the high numbers of reports received which is positive and demonstrates that the doctors feel able to exception report.
10. There is a need to encourage some Consultant Clinical Supervisors to respond to exception reports within the contractual time frame, and this will be an area of focus within the next few months, particularly in some areas that frequently exceed the timescale.

Section 3. Actions being Taken Forward to Mitigate issues

1. As Guardian of Safe Working I will continue to encourage open and supportive ER the juniors with the support of Consultant Colleagues, HR, Chief Registrar and Junior Doctors Forum.
2. I will continue to have conversations with the Educational/Clinical Supervisors who have regularly not met the required timescales for the completion of exception reports and take action as necessary. Training for all Clinical Supervisors needs to be updated on a formal basis annually. Some supervisors may need to be removed from supervisory work due to chronically poor engagement.
3. Consideration of employment of 3 extra Fellows (non-medical trainee grades but post MRCP) to work across the medical specialities from day to day to alleviate pressure on those who need a. support, advice and supervision b. time to get to educational activities (esp. Wednesday afternoons). This could be overseen by either the Guardian or the Chief Registrar or both. As will be seen most of the ER are in Medicine. I am aware that there is work being undertaken on the rota within Medicine to consider if the available resource can be deployed more efficiently and if additional resource is required to provide more support. This matter is being discussed by the Director of Medical Education – Dr Giles.
4. Consider Shared Spaces and Shared Timetable Gaps at Lunch time. Wellbeing and morale are decreasing due to the prolonged Covid Pandemic and these are being addressed by the Executive. However, having socially distanced spaces for juniors to meet at lunch time is key. Ideally medical rounds should end by 1pm at the latest. This matter is being discussed by the DME – Dr Giles.
5. The current level of a minimum of 2 junior doctors on some wards particularly in Medicine appears is raising concerns and some specialties including but not exclusively gastroenterology and respiratory medicine may need this minimum staffing requirement to be increased to 3 juniors and again this is a being reviewed by the Division of Medicine and by the Director of Medical Education – Dr Giles Cox.
6. Handover of internal transfer of patients' needs to be further optimised as junior staff are occasionally presented with acute patients without adequate supervision. This matter is being discussed at the Executive Level.

Guardian of Safe Working Hours Quarterly Report
Date: 26 November 2020
Author: Janusz Jankowski, Guardian of Safe Working Hours (GSWH)

Introduction

This report provides an update on exception reporting data, with regard to working hours from 11th September 2020 to the end of 11th November 2020.
This report outlines the exception reports that have been received, the actions that have been taken to date and remaining issues to be addressed to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

High level data

Number of Doctors in Training.
F1 36
F2 45
ST/CT/IMT 1&2 35 plus GP Trainees 27 (Total 62)
ST3+ 54

Number of doctors in training (total):	197
Number of doctors in training on 2016 TCS (total):	197
Number of training posts unfilled by a doctor in training:	10
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training junior doctors including teaching fellows	54
Amount of time available in the job plan for guardian to do the role:	1 PA
Admin support provided to the guardian:	0.1 WTE
Amount of job planned time for educational supervisors:	0.25 PAs per trainee

Vacancies

Of the 197 approved training posts a proportion are unfilled by a doctor in training. On average 10-15 of these are unfilled by a trainee and a proportion are filled by a clinical fellow and the remainder by locums. Since August 2017 the clinical fellow programme has been used to fill vacancies and support doctors in training posts. These are predominantly in the medical division and there are 54 non-training posts including teaching fellow posts. The impact of the clinical fellow programme has been to reduce vacancy rates that had previously been 10-15% consistently.

Figure 4 illustrates the gradual increase in locum requirement over the last year. Information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors indicates a ~ 5% increase in requirement AND availability since this time last year.

June 2019 - November 2019	
Date	(All)
Count of Staff	
Ward	Total
Acute Medicine (Clinicians)	4
All Clinics Medics (KTC)	4
All Clinics Medics (NWK)	1
All Clinics Medics (W&C)	10
All MED JNR GIM OnCall Rota	399
All Theatres Medics	30
Cardiology (Clinicians)	6
ED (ANP)	41
ED (Clinicians)	748
ED (ENP)	1
ENT (Clinicians)	23
General Surgery (Clinicians)	136
Geriatrics (Clinicians)	119
Haematology (Clinicians)	34
NWK - Newark Urgent Care Centre	2
NWK - Sconce (Clinicians)	71
NWK - UCC (Clinicians)	98
Obs & Gynae (Clinicians)	66
Ophthalmology (Clinicians)	13
Orthopaedics (Clinicians)	55
Paediatrics (Clinicians)	67
Respiratory (Clinicians)	51
Stroke (Clinicians)	40
Urology (Clinicians)	5
Grand Total	2024

June 2020 - November 2020	
Date	(All)
Count of Staff	
Ward	Total
1st Floor (Clinicians)	11
2nd Floor (Clinicians)	37
3rd Floor (Clinicians)	5
5th Floor (Clinicians)	2
Acute Medicine (Clinicians)	28
All Clinics Medics (KTC)	6
All Clinics Medics (W&C)	1
All MED JNR GIM OnCall Rota	376
All Theatres Medics	11
Diabetes (Juniors)	1
ED (ANP)	1
ED (Clinicians)	899
ED (Paeds)	1
ENT (Clinicians)	38
General Surgery (Clinicians)	89
NWK - Sconce (Clinicians)	16
NWK - UCC (Clinicians)	36
Obs & Gynae (Clinicians)	48
Ophthalmology (Clinicians)	24
Orthopaedics (Clinicians)	283
Paediatrics (Clinicians)	60
Urology (Clinicians)	7
Winter Ward (Clinicians)	148
Grand Total	2128

Figure 4. Comparison of Agency/Locum cover between two similar periods over the summer and autumn in 2019 and 2020.

Exception reports from August 2020.

Recommendations are that the initial meeting with the supervisor should be within a maximum of 14 but within 7 days if it is anticipated that the doctor wants to be paid for the additional hours worked. In total 41% of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. This will be monitored going forwards and consultants reminded to respond to exception reports.

Figures 1-3 indicate the dramatic upsurge in Exception Reporting in the last quarter. Of the 88 Exception Reports 80 related to excessive hours of work. However, the other 8 related to potentially inadequate supervision (5) and lost training attendance due to workload (3).

Work Schedule Reviews

There have been no work schedule reviews.

Fines

There were no fines issued by the Guardian of Safe Working this quarter. The fund remains at £608.39 for the Junior Doctors' Forum to decide on how to use the monies.

Qualitative information

As in other trusts, and reported at the national guardians meeting, there remains concern that the exception reports received do not represent the working practices at the Trust and there is under-reporting. However, given the huge increase in ERs this quarter this cohort, feel more supported and prepared to complete ERs.

The exception reporting process is a standing item on the Junior Doctor Forum agenda for all specialties which gives all junior doctors a chance to raise any issues and for the Medical Workforce team to encourage doctors to submit exception reports. Reports are sent monthly to the Clinical Chairs and Divisional General Managers providing an overview of the exception reports received within their Division and the time taken by the Educational/Clinical Supervisors in responding to the report.

The guardian of safe working has a monthly drop-in session for junior doctors and consultants and on average 1-2 people attend each month.

The Guardian also informed the Junior Doctors' Forum the importance of having a personalised work schedule discussion with their supervisor accommodating this.

Current Issues/Actions being Taken

1. There is still concern that the work schedules are not being used as live documents. This is not seen as a priority by the junior doctors and they feel that doing so is a duplication of their personal development plan and I am aware this is being fed back to NHS employers for consideration. A Web Page for Guardian to collate all resources and ER Training for Junior Doctors is in the progress of being created by the IT department
2. Further training of Education/Clinical Supervisors need to be encouraged to diligently complete ER reports in a timely and sensitive way. Formal annual training is needed to improve Clinical Supervisors performance and juniors' expectations.
3. A better provision for HOOH working especially workload and supervision of ward cover as opposed to Acute work. Review the Medicine out of hours rota which I am aware is being taken forward by the Medicine Division.

Recommendations

1. As Guardian of Safe Working I intend to continue to encourage open and supportive ER the juniors with the support of Consultant Colleagues, HR, Chief Registrar and Junior Doctors Forum.
2. Both junior doctors and consultants to continue to be supported with the exception reporting process. While junior doctors are now very engaged with the process, the consultant staff need more training and management of the expectations of them as both clinical and educational supervisors. Conversations will continue to take place with the Educational/Clinical Supervisors who have regularly not met the required timescales for the completion of exception reports and take action as necessary. Some supervisors may need to be removed from supervisory work due to chronically poor engagement.
3. As will be seen most of the ER are in Medicine. I am aware that there is work being undertaken on the rota within Medicine to consider if the available resource can be deployed more efficiently and if additional resource is required to provide more support and I am supportive of that work. For example, consideration of employment of 3 extra Fellows (non-medical trainee grades but post MRCP) to work across the medical specialities from day to day to alleviate pressure on those who need a. support, advice and supervision b. time to get to educational activities (esp. Wednesday afternoons). This could be overseen by either the Guardian or the Chief Registrar or both, but requires further consideration.

4. The current level of a minimum of 2 junior doctors on some wards particularly in Medicine appears is raising concerns and some specialties including but not exclusively gastroenterology and respiratory medicine may need this minimum staffing requirement to be increased to 3 juniors and again this is a being reviewed by the Division of Medicine. The current level of 2 junior doctors on some wards appears not safe and is raising safety concerns repeatedly and some speciality including but not exclusively gastroenterology and respiratory medicine may need this to be increased to 3 juniors.
5. Sick patients are being transferred to the medical wards occasionally without adequate medical handover or rarely an adequate management plan. This is due to bed pressure and clinical workflow in ED and AMU. Suggested mitigation might include all patients with NEWS >3 to have a mandated doctor to doctor 2-way oral (phone, teams, F2F) communication. This issue has been escalated through the medical division and is being dealt with by the Executive.
6. Consider Shared Spaces and Shared Timetable Gaps at Lunch time. Wellbeing and morale are decreasing due to the prolonged Covid Pandemic and these are being addressed by the Executive. However, having socially distanced spaces for juniors to meet at lunch time is key. Ideally medical rounds should end by 1pm at the latest.
7. Educational Training opportunities are being lost. This also includes our trainees in GP rotations in the community where there is evidence of sporadic training opportunities and a lapse in proper coordination.
8. Web Page for the Guardian to collate information monthly as well as to show trends and Resilience and ER training. Work Underway.
9. All junior doctors require a detailed work schedule to be completed with their supervisor within four weeks of starting. The Guardian has recommended that a system is established to remind trainees and Educational Supervisors to ensure this meeting takes place and the work schedule is personalised. Currently from feedback received this is still not being done and needs to be continued to be supported/promoted.
10. Night-time Cover of Wards - In particular we need to assess the degree of ward cover compared with support for front facing Acute services, in the Hospital Out of Hours (HOOH).
11. In the appendix there is a draft document to outline work schedule reviews. It is likely in the next quarter we will also have several of those too.

Conclusion

There is still more work to do to encourage the junior doctors to complete exception reports; for these to be addressed in a timely manner by supervisors; and ongoing focus on personalising work schedules. The new junior staff, from August 2020, seem more ready to ER. In the next quarter it is likely the ER rate will increase further. In addition, there will be greater pressure on access to training opportunities. It is likely we will have several work schedule reviews required too.

Janusz Jankowski
Guardian of Safe Working
Sherwood Forest Hospitals NHS Trust

Appendix 1.

Proposed Work Schedule Review Procedure

Introduction

Under the Terms and Conditions of the 2016 Junior Doctors' Contract all junior doctors in training should have a work schedule that informs doctors of the range and pattern of duties expected during a placement, as well as intended learning outcomes. This would include not only the rota pattern but also the nature of work based on training needs. This would ordinarily be arrived at, at beginning of the placement, following a discussion with their supervisor and personalised to the individual doctor's needs. It should be considered a 'live' document and reviewed throughout the placement and may be altered based on developing or new needs.
The junior doctor may find that their work does not follow the agreed work schedule and may raise exceptions through the formal exception reporting system. Where work activity repeatedly is at variance from the agreed work schedule, or there are safety concerns a work schedule review may be required.

Work Schedule Review

This is a formal process which may result in changes to the work schedule. Any change should be mutually agreed between the junior doctor and the supervisor. The work schedule review will usually be the result of an exception report if it is unresolved or there is disagreement with the outcome, particularly when the issues behind the exception are recurrent. However, a work schedule review can also be carried out at the request of the doctor in training, the Clinical/Educational Supervisor, the Guardian of Safe Working Hours (GOSW), lead for medical workforce (Rebecca Freeman), and the Director of Medical Education (DME). In this latter situation this should be done in writing (email acceptable) and copying in all of the aforementioned individuals. In circumstances where a request is made outside of exception reporting, for example by the GOSW or DME, then any outstanding exception report(s) linked to the issues triggering the request should be assigned a 'level 1 work schedule review' outcome or if there is no outstanding exception report, a new exception generated related to the issues with the outcome again being 'level 1 work schedule review'. This is so that information pertaining to the work schedule review can be recorded electronically on the exception reporting system– or uploaded to it.
A work schedule review may look at safe working including working hours but also support and safe practice; educational issues, for example, missed learning opportunities or quality of education and also service delivery.
There are three levels of work schedule (level 1, 2 and 3) with progression to each subsequent level if there has been non resolution/agreement.

Work Schedule Review - Level 1

This is an intra-department work schedule review. In other words it is undertaken by the clinical supervisor with the junior doctor. The work schedule review meeting should occur within 7 days of the work schedule review decision (if this was the outcome of an exception report) or a request being made. The work schedule review will lead to one or more of the following outcomes:

- Compensation or time off in lieu (TOIL)
- Prospective amendments to work schedule

- Organisational/departmental changes – e.g. timings and processes for ward rounds, handovers and clinics
- No change to work schedule required
- Progress to a level 2 work schedule review if no agreed outcome

The outcome of the review should be recorded electronically on the Allocate exception reporting system. If there is no agreement then progress to a level 2 work schedule review should occur. The junior doctor is required to accept the outcome to close the exception report but if dissatisfied can request progression to a level 2 work schedule at this stage as well; specifying in the request, the area of disagreement. This request should be within 14 days of the outcome of the level 1 work schedule review.

Work Schedule Review - Level 2

Once a level 2 work schedule review is the outcome the DME (if related to educational issues) or GOSW (if related to safe working hours issues) will be informed (both if educational and safe working) through the Allocate electronic reporting system that a level 2 work schedule review has been triggered. The panel required at the meeting includes the junior doctor, clinical supervisor, service representative, DME or the Guardian of Safe Working depending on if educational or safe working issue (or a nominee) and may also include the educational supervisor or academic supervisor (if the junior doctor is on an academic training program).
The level 2 work schedule review meeting should take place within 21 days after the request has been triggered. **[Work Schedule Review Admin Team, the admin support to organise this will come from the Guardian or DME]**
The level 2 work schedule review panel will consider the outcome of the level 1 work schedule review, and will result in one or more of the following outcomes:

- Level 1 work schedule review decision upheld
- Compensation or time off in lieu (TOIL)
- Prospective amendments to work schedule
- Organisational/departmental changes – e.g. timings and processes for ward rounds, handovers and clinics
- No change to work schedule required
- Progress to a level 2 work schedule review if no agreed outcome

The outcome should be communicated in writing within 14 days of the work schedule review to all relevant stakeholders and uploaded to Allocate **[Work Schedule Review Admin Team].**
The junior doctor is required to accept the outcome to close the exception report but if dissatisfied can request progression to a level 3 work schedule review at this stage as well; specifying in the request, the area of disagreement. This request should be within 14 days of receipt of the outcome of the level 2 work schedule review.

Work Schedule Review - Level 3

The level 3 work schedule review is a formal grievance hearing as per the local grievance policy **[consisting of Guardian, Trust Human Resources, Independent Representation and Trade Union]** and the decision of the panel at this review is considered final with no further appeal.
This appeal meeting will result in one or more of the following outcomes:

- Level 2 work schedule review decision upheld
- Compensation or time off in lieu (TOIL)
- Prospective amendments to work schedule
- Organisational/departmental changes – e.g. timings and processes for ward rounds, handovers and clinics
- No change to work schedule required

The outcome should be communicated in writing within 14 days of the work schedule review to all relevant stakeholders and uploaded to Allocate.
The decision is considered final and the junior doctor is required to accept the outcome and close the exception report.

If an issue is identified that affects more than one junior doctor if may be appropriate to carry joint work schedule reviews. This could be identified during the work schedule review itself or following multiple exception reports from doctors on one rota or in one department. Outcomes would be agreed to the working pattern for all affected doctors working on that rota or in that department following the procedure as above.

If organisational changes are agreed but require a mandatory notice period, such as clinic changes, then temporary alternative arrangements may be required e.g. additional support with locums, temporary increase to the doctor's pay.

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Work Schedule Review for Junior Doctor(s) working under TCS of the 2016 Junior Doctors' Contract

Name of Junior Doctor(s):……..……..

Specialty/Specialties:……...

Grade(s):……..
Date met:……
Persons present:
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Work Schedule Review level (please tick):

□ Level 1
□ Level 2
□ Level 3 (please use documentation as per local grievance policy for level 3)

Indication for work schedule review (please tick):

□ Safe working
□ Training/education
□ Both

Work schedule requested by (please tick):

□ Outcome of exception report
□ Junior doctor following disagreement with level 1 or 2 work schedule outcome
□ Junior doctor
□ Clinical Supervisor
□ Educational Supervisor
□ Guardian of Safe Working Hours
□ Lead for medical workforce (Rebecca Freeman)
□ Director of Medical Education

Discussion

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Outcome (please tick):

□ Compensation or TOIL
□ Prospective amendments to work schedule
□ Departmental changes – e.g. timings & processes for ward rounds, handovers & clinics
□ No change to work schedule required
□ Progress to a level 2 or level 3 work schedule review (if no agreed outcome)
□ Level 1 or level 2 work schedule review decision upheld

Details of Outcome

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