

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	Date: 3 rd March 2022		
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor			
Approved By:	Dr M Cooper – Guardian of Safe working Dr D Selwyn – Medical Director			
Presented By:	Dr D Selwyn – Medical Director			
Purpose				
Mandatory requirement for assurance of safe working as per the Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Indicate Which strategic objective(s) the report support				
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 medical staffing is required to deliver a safe, sustainable and efficient service for our patients.			
Staff Impact	Engagement with exception reporting and the Terms and Conditions of Service of the 2016 contract is required to retain trainee posts and will impact on recruitment and retention.			
Reputational	Facilitating an environment where there is trust wide engagement with the 2016 contract and exception reporting is positively and constructively responded to so trainees feel this is a Trust where they are supported to achieve their training outcomes.			
Committees/groups where this item has been presented before				
Due to be presented at the Joint Local Negotiating Committee after presentation at the Trust Board of Directors.				

Executive Summary

The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1st November 2021 and 31st January 2022.

The report gives an overview of the exception reports that have been received by Division and grade of doctor and the reasons for the exceptions, making comparisons against previous years.

There have been no fines or work schedule review requests during this period.

The vacancy rates remain low as gaps are filled by clinical fellows.

The report also describes actions that have been undertaken since the last report by Dr Martin Cooper the Guardian of Safe Working and actions that are planned for the next quarter in accordance with the action plan in Appendix 1.

Introduction

This report provides an update on exception reporting data, from 1st November 2021 until 31st January 2022. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this period of time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the below, there are 213 doctors in training, an increase of 10 from the previous rotation.

High level data

Number of doctors in training (total):	213
Number of doctors in training on 2016 TCS (total):	213
Number of training posts unfilled by a doctor in training:	16
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training doctors including teaching fellows:	79
Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PAs per trainee

Exception reports From November 2021 (with regard to working hours)

The data from 1st November 2021 until 31st January 2022 shows there have been 39 exception reports in total, 29 related specifically to safe working hours while 4 were related to educational issues, 3 to the rota pattern and 3 to service support.

None of the exception reports were categorised by the Trainees as Immediate Safety Concerns.

By month there were 12 in November 2021, 15 in December 2021 and 12 in January 2022.

Of the 29 exception reports related to safe working hours, 28 were due to working additional hours and 1 was due to not being able to take a natural break.

Of the total 39 exception reports 30 (77%) have been closed with 9 (23%) still open and all 9 of these are overdue. Of the 9 overdue exception reports, all are still waiting for the initial meeting to take place.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 10.2 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 50% (15) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting.

Where an outcome has been suggested there are 10 with time off in lieu (TOIL), 13 with additional payment and 7 with no further action.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received.

Table 1 also refers to an immediate safety concern details of which were referred to in the last guardian report, although this has been addressed by the department, the exception report had not been closed by the trainee as at the end of January 2022.

Reasons for ER over last quarter by specialty & grade						
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate	Acute Medicine	ST2	1	0	0	1
Total			1	0	0	1
No. relating to hours/pattern	Acute Medicine	CT1	0	1	1	0
	Acute Medicine	CT3	1	2	2	1
	Acute Medicine	FY2	0	6	2	4
	Acute Medicine	ST2	1	0	0	1
	Gastroenterology	CT1	0	1	1	0
	Gastroenterology	FY1	0	3	2	1
	General medicine	FY1	1	8	4	5
	General medicine	FY2	1	0	0	1
	General medicine	ST6	0	1	0	1
	General practice	FY2	2	0	0	2
	Obstetrics and gynaecology	ST1	1	0	0	1
	Ophthalmology	ST1	0	1	0	1
	Paediatrics	FY2	0	1	0	1
	Paediatrics	ST2	0	3	0	3
	Paediatrics	ST4	1	2	0	3
	Respiratory Medicine	FY1	0	1	0	1
	Surgical specialties	FY1	3	2	1	4
Trauma & Orthopaedic Surgery	FY2	10	0	1	9	
Total			21	32	14	39
No. relating to educational opportunities	Anaesthetics	CT1	0	1	0	1
	Obstetrics and gynaecology	FY2	1	1	2	0
	Ophthalmology	ST1	0	1	1	0
	Paediatrics	ST4	1	0	0	1
	Respiratory Medicine	FY1	0	1	0	1
Total			2	4	3	3
No. relating to service	Acute Medicine	FY2	0	2	2	0
	Surgical specialties	FY1	0	1	1	0
Total			0	3	3	0

Table 1 Exception Reports for Working Hours by Grade and Division

**Acute Medicine shifts involve doctors from the Medical Division*

The majority of the exception reports received during this period - 26 (67%) in total - are from junior doctors working in the **Medical Division**. Although the doctors are within the Medical Division their Acute Medicine shifts are within the Urgent and Emergency Care Division. Therefore, of the 24 exception reports, 10 were whilst doing acute medicine shifts and 16 whilst doing specialty specific or ward-based work within Medicine. (Table 1) (Figure 1).

Within the Medical Division 13 of the exception reports have come from the Foundation Year 1 Doctors, 12 from the Foundation Year 2 Doctors and IMT Trainees and 1 from the ST4+ Trainees.

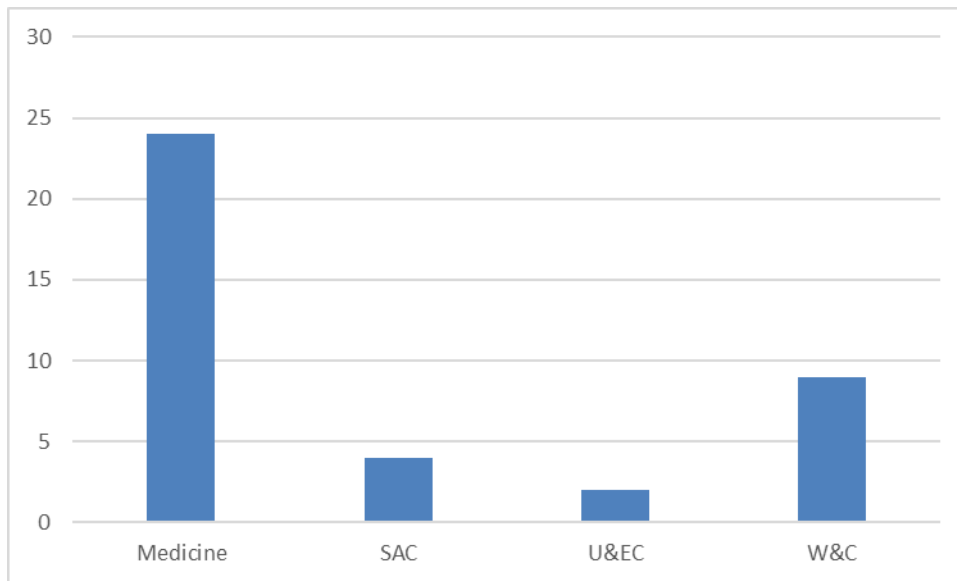


Figure 1 Exception reports by Division for Trainees

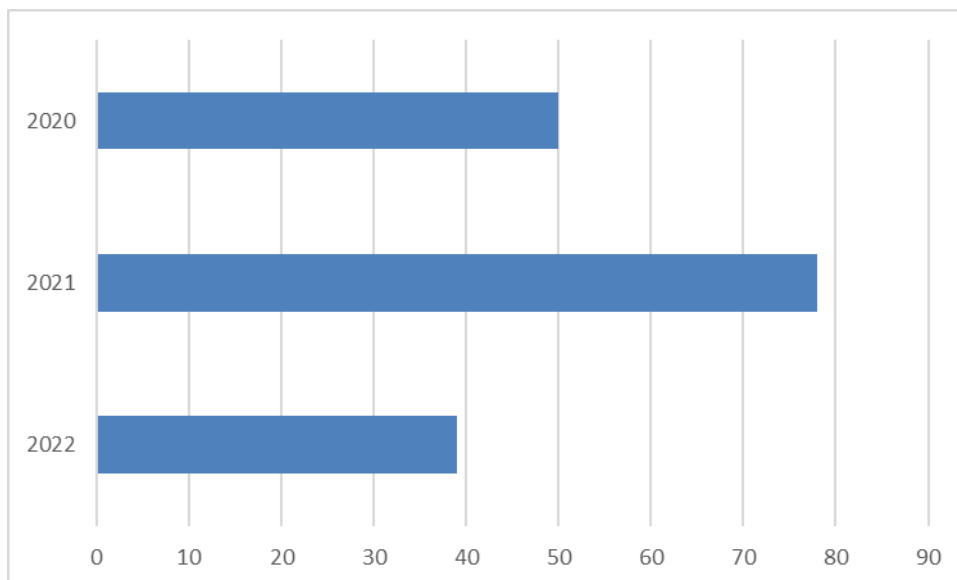


Figure 2. Comparison of number of exception reports for the same period between 2020, 2021 and 2022

Currently the proportion of junior doctors in training in each of the three tiers of F1, F2/CT/IMT1-2/ST1-2/GPST and ST3+ are 17%, 57% and 26%. However, the proportion of total exception reports from each tier is 41%, 51% and 8% respectively.

Figure 3 shows that this year there have been less exception reports from the doctors as a whole than in the previous two years.

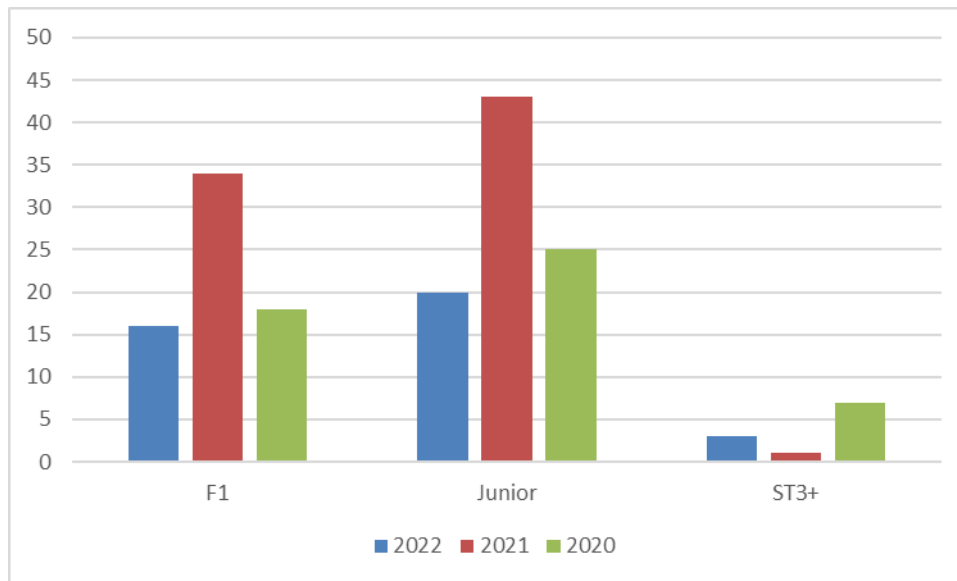


Figure 3. Number of Exception reports by doctors by grade for the same quarter between 2019, 2020 and 2021.

Exception Reports from Clinical Fellows

There have been two exception reports received from Clinical Fellows during this period. The Clinical Fellows worked an additional hour each, the exception reports have been reviewed by the educational supervisors, one doctor will be compensated with additional pay for that hour and the other has requested time off in lieu. A regular reminder is sent to the Clinical fellows to encourage them to report any exceptions and as we are unable to use the allocate system currently for this group of doctors, a form has been developed for them to report exceptions to the Medical Workforce Team who will then discuss the report with the doctors Educational/Clinical Supervisor.

Work Schedule Reviews

There have been no work schedule reviews.

Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent.

Fines

There were no fines issued this quarter.

Vacancies

16 of the 213 training posts are unfilled by a doctor in training, however, 5 of the 16 vacancies are filled by a Clinical Fellow. The remaining gaps are offered to doctors on the Trust bank, where it is not possible to fill the posts using doctors on the Trust bank, locum agencies will be used.

Qualitative information

It is clear to see from the above data that the introduction of the 11 additional Clinical Fellows and the availability of an additional doctor at IMT 3 level in Medicine has made significant difference in the number of exception reports received in Medicine. The exception reports have reduced considerably from last year as can be seen in figure 3. The number of exception reports made by those at IMT/St3+ level still remains low.

It is appreciated in January 2021 The Trust had implemented surge rotas due to the number of COVID patients in the Trust being at an all time high. Whilst in January 2022 with the Omicron variant of COVID there has not been a need to implement the surge rotas due to the clinical fellow rota and the additional registrar rota being in place in Medicine.

Dr Cooper took the opportunity to walk around the wards as did the Director and Deputy Director of Medical Education during this period and the general view of the junior doctors was that although it was very busy they felt supported by their seniors and their workload was manageable. When the doctors were asked if they completed exception reports, they said that they didn't always think about making an exception report.

Although the process of exception reporting is straightforward and takes no more than 5 minutes, discussions are taking place with Allocate to see if the process can be streamlined further. Dr Cooper and the Director of Postgraduate Education are also considering action that can be taken internally to encourage the doctors to report exceptions.

A meeting is being held with Allocate on Friday 25th February to discuss the planned developments for the system.

Dr Cooper has recently attended the national conference and he has also joined the East Midlands Guardian forum.

The response to the exception reports by Educational and Clinical Supervisors within the required 7 days still remains a concern. Table 2 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year.

Date of the Guardian Report	Number and Percentage of reports not responded to within 7 days
November 2021 – January 2022	50% of all reports received 15 reports
August 2021 – October 2021	52% of all reports received 15 reports
May 2021 – July 2021	33% of all reports received 13 reports
November 2020 – April 2021 (6 month combined report)	44% of all reports received 21 reports

Table 2 Exception Reports not responded to within 7 days

This compliance is typical of the trend across other Trusts. Although an email is sent to the Educational/Clinical Supervisor advising them that a response is required, this is often missed and a regular reminder to clinicians through the system would be beneficial until the exception report has been addressed.

Progress against the Actions to be undertaken by the Guardian of Safe Working

Dr Cooper attended the Educational Supervisors Forum to discuss the importance of responding to exception reports in accordance with the Junior Doctors contractual requirements. Dr Cooper also presented the Guardian of Safe Working Quarterly report at the forum.

Conclusion

Trust Board is asked to:

- Note that the implementation of both the Clinical Fellow rota and the additional IMT3/Senior Clinical Fellow rota in Medicine has had a significant impact. Trainees felt well supported in the midst of winter and believed their workload was manageable.
- Note that discussions will continue to take place with Educational Supervisors regarding the timely completion of exception reports and the Guardian of Safe Working will regularly attend the Educational Supervisors forum. Ongoing support will also be provided to support them to respond to the exception reports by the Medical Workforce Team where required.
- Note that discussions are taking place with Allocate to discuss developments for the system.
- Dr Cooper is regularly walking around the wards to encourage trainees to complete exception reports, particularly the more senior trainees.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	Action Taken (to be taken)	Date of completion
Work schedules are not being used as live documents by trainees as they feel it is a duplication of their PDP.	This has been raised with NHS Employers for consideration as this is the case nationally.	ongoing issue
Educational/Clinical Supervisors to be encouraged to complete exception reports in a timely manner.	Guardian of Safe Working attended the Educational Supervisors forum to encourage them to review exception reports in a timely manner.	Complete
Undertake a review of the out of hours rota in Medicine	The Clinical Fellow rota and Foundation Year 1 rota have been implemented and initial feedback from the Foundation Year 1 Doctors was positive and has been described in the body of the report.	Complete
Include Clinical Fellows and other non training grade exception reporting data in future Quarterly reports.	Details included in the report in November 2021 and will be ongoing	Complete
Discuss the developments of the Exception reporting system with the system providers	Meeting to take place with Allocate on 25 th February 2022	
Continually encourage the trainees to complete exception reports	Promote/encourage exception reporting at every opportunity.	