

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	Date: 9th June 2022		
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor			
Approved By:	Dr M Cooper – Guardian of Safe Working Hours Dr D Selwyn – Medical Director			
Presented By:				
Purpose				
This report is a 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
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial	Through fines for breaches of safe working 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.			
Services	Having adequate numbers of medical staff to ensure the delivery of the service.			
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				
This report will be presented at the Joint Local Negotiating Committee after presentation at the Trust Board of Directors.				
Executive Summary				
<p>The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1st February 2022 to 30th April 2022.</p> <p>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.</p> <p>There have been no fines or work schedule review requests during this period.</p> <p>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.</p>				

Introduction

This report provides an update on exception reporting data, from 1st February 2022 until 30th April 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 203 doctors in training, a decrease of 10 from the previous rotation.

High level data

Number of doctors in training (total):	203
Number of doctors in training on 2016 TCS (total):	203
Number of training posts unfilled by a doctor in training:	26
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training doctors including teaching fellows:	83
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 February 2022 (with regard to working hours)

The data from 1st February 2022 until 30th April 2022 shows there have been 68 exception reports in total, 58 related specifically to safe working hours while 8 related to the rota pattern and 2 were related to educational issues.

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

By month there were 19 in February 2022, 30 in March 2022 and 19 in April 2022.

Of the 58 exception reports related to safe working hours, 51 were due to working additional hours, 5 related to rest and 2 were due to not being able to take a natural break.

Of the total 68 exception reports 30 (44%) have been closed with 38 (56%) still open and all 38 of these are overdue. Of the 38 overdue exception reports, 32 are still waiting for the initial meeting to take place, the other 6 are unresolved or waiting for the junior doctor's agreement.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 26.7 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 75% (51) 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 17 with time off in lieu (TOIL), 11 with additional payment, 1 with no further action and 1 unresolved.

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 April 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 patient safety issues	Acute Medicine	ST2	1	0	0	0
Total			1	0	0	0
No. relating to hours/pattern	Accident and emergency	ST5	0	4	0	4
	Acute Medicine	CT2	0	2	0	2
	Acute Medicine	CT3	1	6	0	7
	Acute Medicine	FY2	4	0	4	0
	Acute Medicine	ST2	1	0	0	0
	Anaesthetics	ST4	0	2	1	0
	Cardiology	CT2	0	1	0	1
	Gastroenterology	FY1	1	0	0	1
	General medicine	CT1	0	3	2	1
	General medicine	CT2	0	6	6	0
	General medicine	FY1	3	12	4	14
	General medicine	FY2	1	8	6	3
	General medicine	ST6	1	0	0	1
	General practice	FY2	0	0	0	2
	General surgery	FY1	0	1	0	1
	Genito-urinary medicine	FY2	0	1	0	1
	Obstetrics and gynaecology	FY1	0	3	0	3
	Obstetrics and gynaecology	FY2	0	1	0	1
	Obstetrics and gynaecology	ST1	1	0	0	1
	Obstetrics and gynaecology	ST4	0	1	0	1
	Ophthalmology	ST1	1	0	1	0
	Paediatrics	FY1	0	1	0	1
	Paediatrics	FY2	1	0	0	1
	Paediatrics	ST2	3	3	0	6
	Paediatrics	ST4	3	0	0	3
	Paediatrics	ST6	0	1	0	1
	Respiratory Medicine	FY1	1	0	0	1
	Surgical specialties	CT2	0	1	1	0
	Surgical specialties	FY1	4	1	2	3
	Trauma & Orthopaedic Surgery	FY2	4	0	0	9
	Trauma & Orthopaedic Surgery	ST7	0	8	0	8
	Total			30	66	27
No. relating to educational opportunities	Anaesthetics	CT1	1	0	0	1
	Ophthalmology	ST2	0	1	0	1
	Paediatrics	ST4	1	0	0	1
	Respiratory Medicine	FY1	1	0	1	0
	Trauma & Orthopaedic Surgery	FY2	0	1	0	1
Total			3	2	1	4
No. relating to service support available						
Total			0	0	0	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 - 42 (44%) 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 42 exception reports, 12 were whilst doing acute medicine shifts and 30 whilst doing specialty specific or ward-based work within Medicine. (Table 1) (Figure 1).

Within the Medical Division 12 of the exception reports have come from the Foundation Year 1 Doctors, 18 from the Foundation Year 2 Doctors and IMT Trainees and none from the ST4+ Trainees.

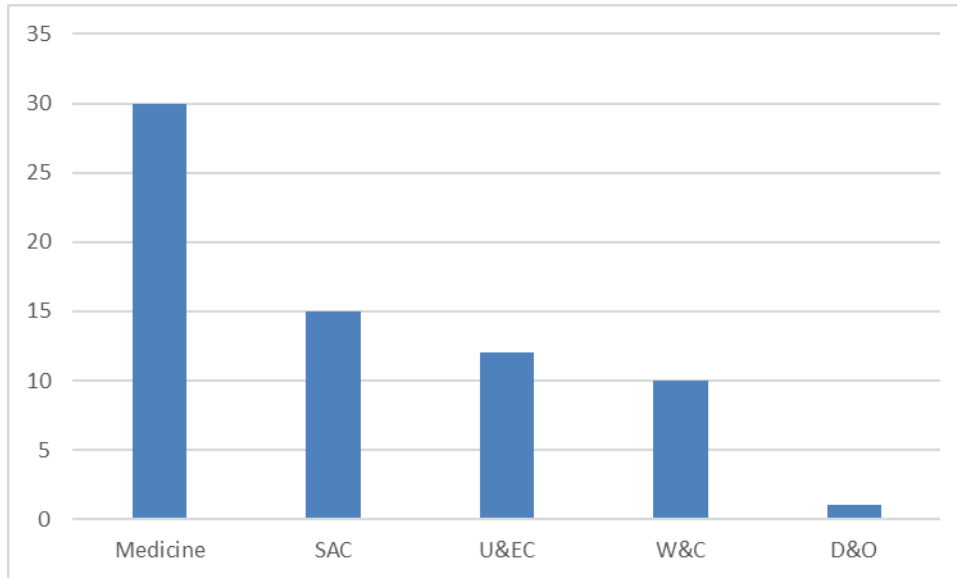


Figure 1 Exception reports by Division for Trainees

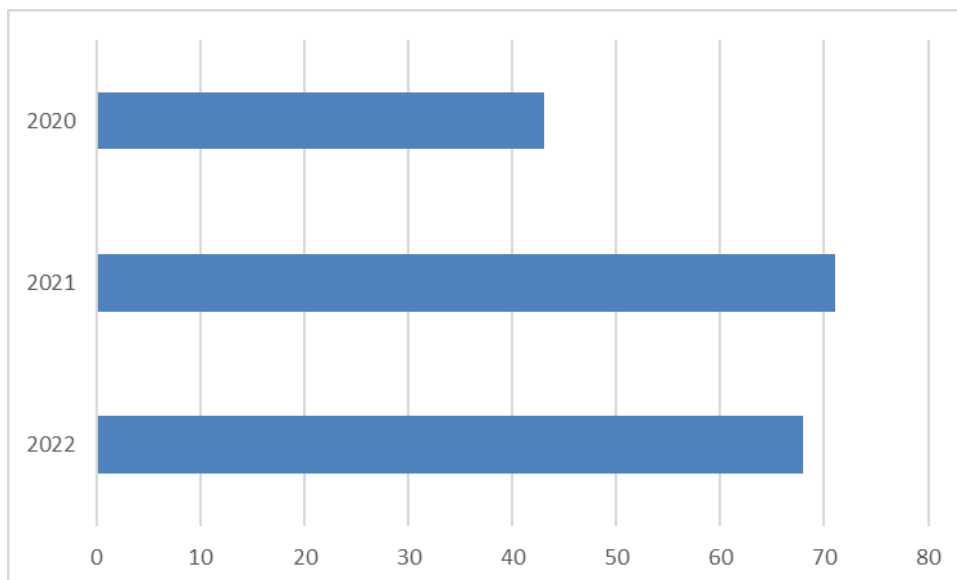


Figure 2. Comparison of number of exception reports for the same period between 2020, 2021 and 2022

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 25%, 51% and 24% respectively.

Figure 3 shows that this year there have been fewer exception reports from the F1 and the F2/CT/IMT1-2/ST1-2/GPST doctors than in the previous two years but there is an increase in the number of ST3+ doctors submitting exception reports.

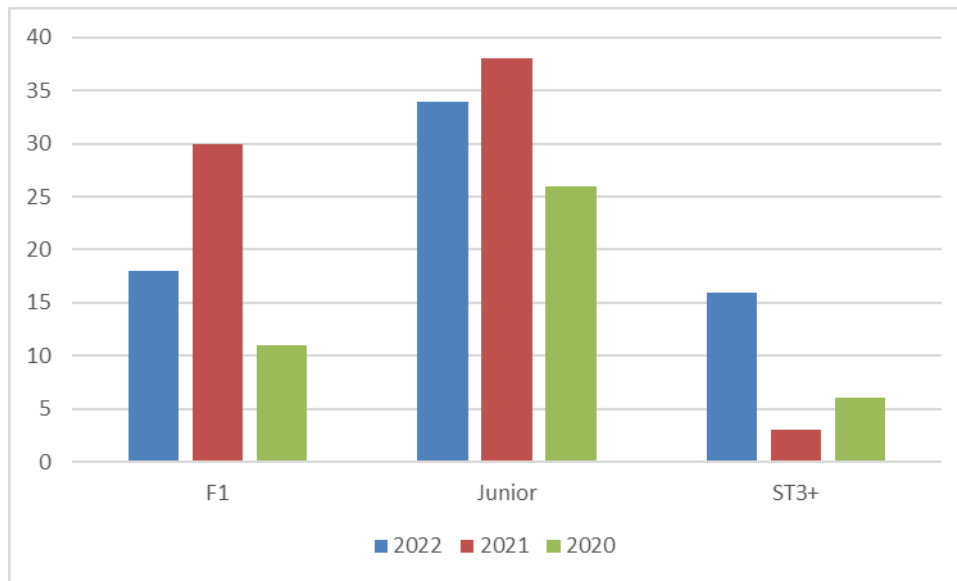


Figure 3. Number of Exception reports by doctors by grade for the same quarter between 2019, 2020 and 2021.

Exception Reports from Clinical Fellows

There have been 15 exception reports received from Clinical Fellows during this period. 11 Exception reports were from Medicine and 4 exception reports were from Urgent & Emergency Care. The Clinical Fellows worked an average of an additional 1 hour and 30 minutes each at the end of a normal working day, the exception reports have been reviewed by the clinical supervisors, all were supported and time in lieu given to the doctors.

The Clinical Fellows are regularly reminded about completing exception reports and receiving this number of exception reports shows that they are keen to report any exceptions. The numbers of reports received will be monitored on an ongoing basis

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.

Within Trauma & Orthopaedics an issue was raised by one of the St3+ doctors regarding the rostering of the rota for the Senior Trainees. On investigation, it appeared that the rota had not been rostered correctly and as such a number of additional days had been worked by four trainees. These trainees left the Trust at the beginning of April and have been compensated financially for the additional hours that have been worked over and above the roster.

This has been discussed with the Service Director of the Specialty and the rota coordinator to ensure that in future the roster that is worked mirrors the template rota.

Fines

There were no fines issued this quarter.

Vacancies

26 of the 203 training posts are unfilled by a doctor in training, however, 5 of the 26 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. A number of these posts have become vacant in April during the last rotation, this is particularly the case of 3 GP trainee posts. In addition there are a number of less than full time trainees in post, particularly in Paediatrics and Anaesthetics.

Qualitative information

The number of exception reports made by those at IMT/St3+ level still remains low with none being reported during this period. It is understood that having an IMT3 doctor supporting the Medical Registrar out of hours has had a positive impact in Medicine, the hospital has remained very busy with a major incident being declared over the Easter period, therefore it is felt that this group of doctors are still under reporting.

The Chief Registrar is currently undertaking a quality improvement project, raising the awareness of exception reporting. Posters have been developed and put in ward areas and in doctors offices encouraging the completion of exception reports. The impact of this project on the rate of exception reporting by both doctors in training and clinical fellows is currently being evaluated and results should be available for the next reporting period.

A meeting took place with Allocate on Friday 25th February 2022 to discuss the planned developments for the exception reporting system and unfortunately there are no immediate developments planned for the exception reporting element of the system.

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. This

has increased following this report despite sending reminders to some Educational/Clinical Supervisors with exception reports outstanding.

On investigation, it appears that logging onto the system seems to be the barrier as often discussions have taken place however they are not reflected on the allocate system.

Date of the Guardian Report	Number and Percentage of reports not responded to within 7 days
February 2022 – April 2022	56% of all reports received 38 reports
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

For those exception reports yet to be identified as resolved and closed, Dr Cooper has contacted the trainee doctors and their Educational and Clinical Supervisors to ask for updates on outstanding reports. Responses to date suggest that a number have been addressed and resolved to the satisfaction of the trainee but have yet to be closed on the Allocate system. Dr Cooper plans to write to the Educational and Clinical Supervisors advising them of the importance of responding to exception reports using the system in a timely manner. In addition he will stress the importance of Supervisors

promoting the raising of exception reports by trainees and clinical fellows. Understanding that this not only ensures good working conditions for staff but can identify clinical areas and services which may benefit from enhanced medical staffing levels will be key in fully engaging with the system.

Work has been undertaken within Medicine to review the rotas at foundation level, IMT1&2 levels and the Clinical Fellow rota. This has been done in conjunction with the junior doctors. The rota has remained fundamentally the same and as doctor numbers have increased, the lines on the rota have increased to the point where there were 33 lines on the Medicine rota. This has been divided up into 17 line rotas. A number of meetings have been held with junior doctor representatives to discuss the rota in detail and alterations have been made to improve the rota as discussions have progressed.

The final rotas have been supported by the current trainee representatives and are now being sent to the Trainees due to commence in post in August 2022 as part of the work schedule.

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

The number of exceptions being reported by Clinical Fellows is increasing, this will continue to be monitored on a quarterly basis in this report.

Conclusion

Trust Board is asked to:

- Note that a letter is being sent to the Educational and Clinical Supervisors by the Guardian of Safe regarding the timely completion of exception reports and the Guardian of Safe Working will also regularly attend the Educational Supervisors forum to remind the clinicians of the importance of responding to exception reports through the system to enable accurate reporting.
- Note that details of the exception reports from clinical Fellows will be included in the Quarterly Guardian of Safe Working reports going forwards.
- The Chief Registrar has undertaken a quality improvement project which has involved putting posters on the wards and in doctors offices to remind trainees to exception report.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	Action Taken (to be taken)	Date of completion
Educational/Clinical Supervisors to be encouraged to complete exception reports in a timely manner.	Guardian of Safe Working to write to Educational and Clinical Supervisors to encourage them to review exception reports in a timely manner using the allocate system.	10 th June 2022
Include Clinical Fellows and other non training grade exception reporting data in Quarterly reports.	2 Clinical Fellow exception reports received in the report in November 2021, and 15 reports have been received in the report in February 2022. The numbers will be reported on an ongoing basis.	Complete
Continually encourage the trainees to complete exception reports	Quality Improvement Project undertaken by the Chief Registrar in March 2022 and posters put in ward areas and doctors offices reminding trainees and Clinical Fellows to exception report.	Ongoing