

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report		Date: 5 th December 2019	
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor			
Approved By:	N/A			
Presented By:	Andy Haynes – Executive Medical Director			
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	To play a leading role in transforming 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 are required to deliver the service and achieve patient outcomes			
Staff Impact	Engagement with exception reporting and the Terms and Conditions of Service of the 2016 contract is required to retain junior doctors in training posts.			
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				
The Guardian of Safe Working Hours report provides detail of the exception reports received from August 2019 until the end of October 2019. The report shows where trends are emerging with regard to exception reporting 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 exception reporting process.				

Due to Dr Sarb Sihota leaving the Trust, the Guardian of Safe Working has been vacant since August, however, a new Guardian of Safe Working has been appointed and Professor Janusz Jankowski has now commenced in post.

During this quarter, there have been 91 exception reports related to safe working with the majority coming from juniors doctors working in the Medical Division. For the same quarter last year this figure was 66, demonstrating that more junior doctors are exception reporting. 42 of these exception reports have come from Foundation Year 1 doctors. This is a typical trend which has been seen in previous years. There has been a slight reduction in the length of time between raising an exception report and an initial meeting with the supervisor, however, more work is required in this area as the standard of 7 days is not being achieved. In addition 24 exception reports had not been responded to by Consultants. This will be monitored closely for the next three months.

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

The post vacancy rates remain low as gaps are supported by the clinical fellow programme.

There remains the concern nationally and locally that there is under-reporting of exceptions and both junior doctors and consultants need to continue to be supported with the exception reporting process.

Guardian of Safe Working Hours Quarterly Report

Date: 5th December 2019

Author: Rebecca Freeman – Head of Medical Workforce, Jayne Cresswell –
Medical Workforce Advisor

Introduction

This report provides an update on exception reporting data, with regard to working hours from August 2019 to the end of October 2019.

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 (total):	178
Number of doctors in training on 2016 TCS (total):	178
Number of training posts unfilled by a doctor in training:	16
Number of unfilled training posts filled by a clinical fellow/locum:	6
Total number of non-training junior doctors including teaching fellows	43
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

Exception reports From August 2019 (with regard to working hours)

The data from August 2019 until the end of October 2019 shows there have been 91 exception reports in total, all of which related specifically to safe working hours. Of the 91 exception reports, 80 were due to working additional hours, 5 were due to concerns around the rota pattern and 6 were related to service support. By month there were 42 in August 2019, 31 in September 2019 and 18 in October 2019.

Of these 91 exception reports 57 (63%) have been closed with 34 (37%) still open and these are all overdue. Of the 34 overdue exception reports 24 still have not had an initial meeting with their supervisor and the remaining 10 that have had an initial meeting are either unresolved, more information has been requested or they are waiting for doctor agreement. For 4 of the unresolved exception reports an outcome has been arrived at, therefore it is uncertain why they are labelled as unresolved as none of the four have been escalated to a work schedule review as would be required with an unresolved issue. This is currently being investigated.

For the 57 exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 11.5 days. This is slightly shorter than the same period last year where the median time to the first meeting was 13 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 61.5% 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 these are: 15 with time off in lieu (TOIL), 42 with additional payment.

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.

Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	40	38	0	78
Surgical	ENT	0	4	0	4
	T&O	0	3	0	3
Women & Children's	Obstetrics & Gynaecology	1	1	0	2
	Paediatrics	1	0	0	1
Urgent and Emergency Care	Emergency Medicine	0	1	0	1
	Acute Medicine*	0	2	0	2
Total per Grade		42	49	0	91

Table 1 Exception Reports for Working Hours by Grade and Division

**Acute medicine shifts involve doctors from medical division*

The majority of the exception reports received during this period - 80 (88%) in total - are from junior doctors working in the Medical Division. Although the doctors are within the Medical Division their Acute Medicine shifts fall under Urgent and Emergency Care. Therefore of the 80 exception reports, 2 were whilst doing acute medicine shifts and 78 whilst doing specialty specific or ward based work (Table 1) (Figure 1).

40 of the exception reports have come from the Foundation year 1 doctors, 38 from the core trainees within the Division and none from the ST3+ trainees. Other specialties had between 1 and 4 exception reports during this period with their being no exception reports from General Surgery, Radiology, Ophthalmology or GU Medicine.

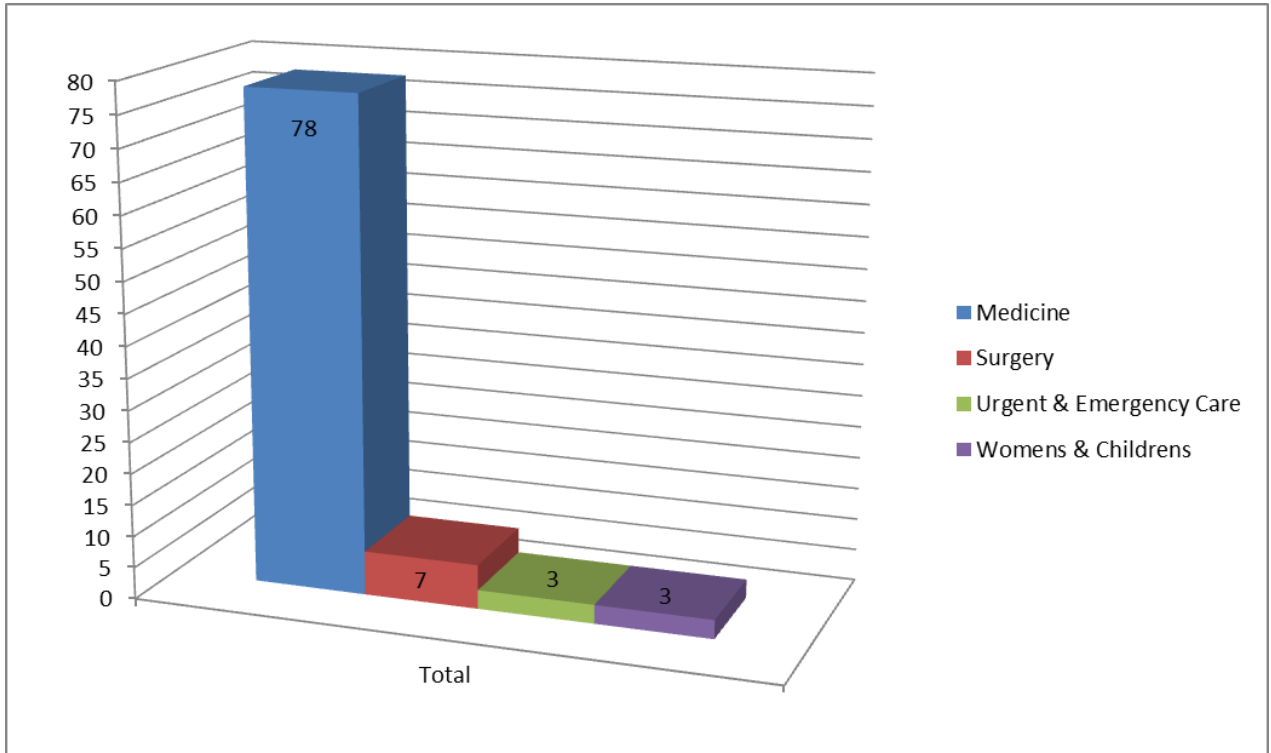


Figure 1 Exception reports by division for junior doctors

Compared to August 2018 - October 2018 the number of exception reports has increased from 66 last year to 91 for the same period this year.

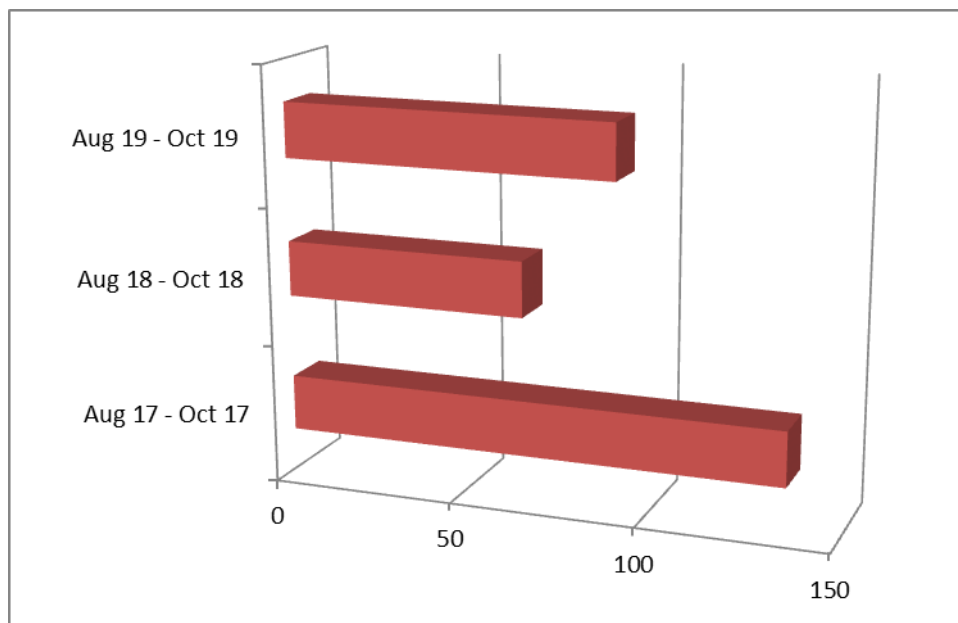


Figure 2. Comparison of number of exception reports for the same quarter between 2017, 2018 and 2019

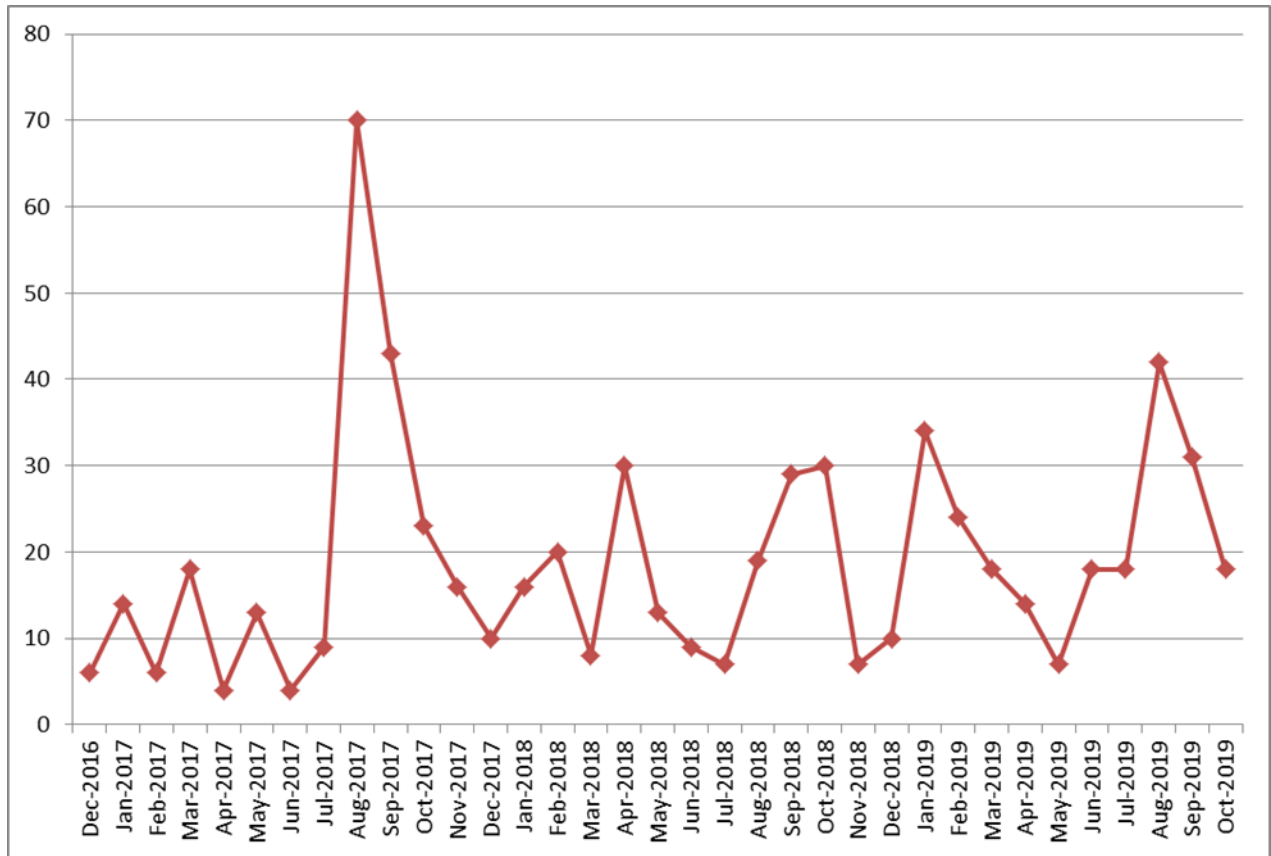


Figure 3. Number of Exception reports by month since 2016 Junior Doctors' Contract implementation.

Currently the proportion of junior doctors in training in each of the three tiers of F1, F2/CT/ST1-2/GPST and ST3+ are 20%, 50% and 30%. However the proportion of total exception reports from each tier are 46%, 54% and 0% respectively. An explanation could be that F1 doctors are new to the workplace so have a greater proportion of exception reports and that pattern has been seen in previous years. Figure 4 also shows that this year there have been more exception reports from Foundation Year 1 doctors than in the previous two years. This also shows that exception reporting is less likely to be done by more senior doctors in training for various reasons – including being used to the old rota monitoring system.

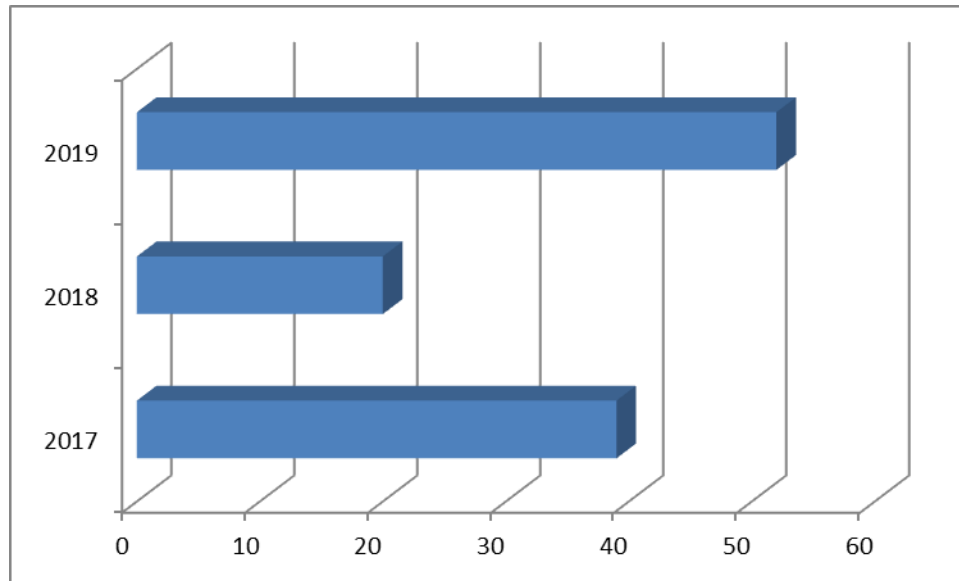


Figure 4. Number of Exception reports by F1 doctors for the same quarter between 2017, 2018 and 2019.

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 178 training posts are unfilled by a doctor in training. 6 of these are filled by a clinical fellow. 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 43 non-training posts across the Trust including teaching fellow posts. The impact of the clinical fellow programme has been to reduce vacancy rates that had previously been 10-15% consistently.

Qualitative information

As in other trusts, there still remains the concern that the exception reports received do not represent the working practices at the Trust and there is under-reporting.

The Trust has had a vacancy for the Guardian of Safe Working Hours since August 2019, this post has now been recruited to and Professor Janusz Jankowski has commenced in post. His aim is to raise the profile of the Guardian of Safe Working Hours by talking to as many junior doctors as possible, attending the Joint Junior Doctors forums and encouraging junior doctors to complete exception reports where appropriate. He will also be holding a weekly drop in session on a Monday morning for junior doctors/consultants to raise any concerns that they may have regarding the exception reporting process.

Ongoing exception reporting training is being provided for Consultants and junior doctors where required, as can be seen from the data above, the Consultants are responding to exception reports in a more timely manner, however, there are still a considerable number (24) that have not been responded to. This is another area that the Guardian will be progressing with the aim of all exception reports being responded to within the required standard of 7 days.

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 also sent monthly to the Clinical Chairs and Divisional General Managers providing an overview of the exception reports received to date by rota.

Issues arising

There is still a concern that the work schedules are not being used as live documents and this will be audited by the Guardian of Safeworking and the Medical Work Team going forward.

Following the recent contractual changes a number of junior doctors rotas will need to be re-designed over the next four months. This work is commencing and the junior doctors will be involved in this process. These changes to the rota rules will mean that there is even less flexibility than there is currently within rotas which is likely to impact on annual leave etc.

Recommendations

- Both junior doctors and consultants to continue to be supported with the exception reporting process.
- All grades of junior doctors to be encouraged to exception report.
- To discuss exception reporting at every opportunity with both junior doctors and consultants.
- The timeliness of responses to exception reports by Consultants to be closely monitored for the next three months and interventions to take place where required.
- To talk to junior doctors at St3+ to understand why they are not completing exception reports.
- Guardian of Safe Working to meet with Clinical Chairs to review the exception reports for their areas and understand how they use the reports.

Conclusion

There still remain challenges, locally and nationally, to exception reporting becoming embedded as routine practice. There is still more work to do to encourage the junior doctors to complete exception reports and for these to be addressed in a timely manner by supervisors.