

**Board of Directors Meeting in Public**

<b>Subject:</b>	Guardian of Safe Working Hours Report	<b>Date:</b> 3 <sup>rd</sup> June 2021		
<b>Prepared By:</b>	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor			
<b>Approved By:</b>	David Selwyn Medical Director			
<b>Presented By:</b>	David Selwyn			
<b>Purpose</b>				
Mandatory requirement for assurance of safe working as per the Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
X	X	X	X	
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		X		
<b>Risks/Issues</b>				
Indicate the risks or issues created or mitigated through the report				
<b>Financial</b>	Through fines for breaches of safe hours, additional payment and cost of locums for rota gaps.			
<b>Patient Impact</b>	Adequate medical staffing is required to deliver a safe and efficient service for our patients.			
<b>Staff Impact</b>	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.			
<b>Reputational</b>	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 able to achieve their training outcomes.			
<b>Committees/groups where this item has been presented before</b>				
Due to be presented at the Joint Local Negotiating Committee after presentation at the Trust Board of Directors.				
<b>Executive Summary</b>				
<p>The Guardian of Safe Working Hours report provides detail of the exception reports received from November 2020 until the end of April 2021. The report describes the measures that have been put in place as a result of wave 2/3 of the Covid-19 pandemic.</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. It indicates that more exception reports are being received from the more junior trainees.</p> <p>There have been no fines or workschedule review requests during this period.</p>				

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

The report describes the introduction of two new rotas to provide additional support from Clinical Fellows and Foundation Year 1 doctors out of hours and the development of a business case to increase the number of trainees/clinical fellows in Medicine in line with the guidance document on Safe Medical Staffing produced by the Royal College of Physicians in July 2018.

Following the resignation of Professor Janusz Jankowski from the role, Dr Martin Cooper has been appointed as Guardian of Safe Working and commences in post from 1<sup>st</sup> June 2021.

## Introduction

This report provides an update on exception reporting data, with regard to working hours from 1<sup>st</sup> November 2020 until 31<sup>st</sup> April 2021. Under usual circumstances a quarterly report would be presented to the Board of Directors, however, a decision was taken to postpone the presentation of the report in February due to the Covid-19 Pandemic.

This report outlines the exception reports that have been received over the last six months, the actions and developments that have been taken place, it also describes the deployment of the trainees during the pandemic and reviews actions that have been taken 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.

## High level data

Number of doctors in training (total):	191
Number of doctors in training on 2016 TCS (total):	191
Number of training posts unfilled by a doctor in training:	13
Number of unfilled training posts filled by a clinical fellow/locum:	6
Total number of non-training doctors including teaching fellows:	59
Amount of time available in the job plan for 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 2020 (with regard to working hours)

The data from November 2020 until the end of April 2021 shows there have been 149 exception reports in total, 139 related specifically to safe working hours while 10 were related to educational issues.

Of the 139 exception reports, 128 were due to working additional hours, 6 were due to concerns around the rota pattern and 5 were related to service support.

By month there were 29 in November 2020, 27 in December 2020, 22 in January 2021, 18 in February 2021, 32 in March 2021 and 21 in April 2021.

Of these 149 exception reports 144 (97%) have been closed with 5 (3%) still open and these are all overdue. Of the 5 overdue exception reports all have been escalated to a level 1 review.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 6 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 44% 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: 36 with time off in lieu (TOIL), 98 with additional payment, 5 recommending organisational changes and 5 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.

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	Gastroenterology	CT1	0	2	2	0
	General medicine	CT1	1	1	2	0
	General medicine	FY1	1	1	2	0
	General medicine	FY2	1	0	1	0
	General medicine	ST2	0	4	4	0
	General medicine	ST6	0	1	1	0
	Surgical specialties	FY1	0	1	1	0
<b>Total</b>			<b>3</b>	<b>10</b>	<b>13</b>	<b>0</b>

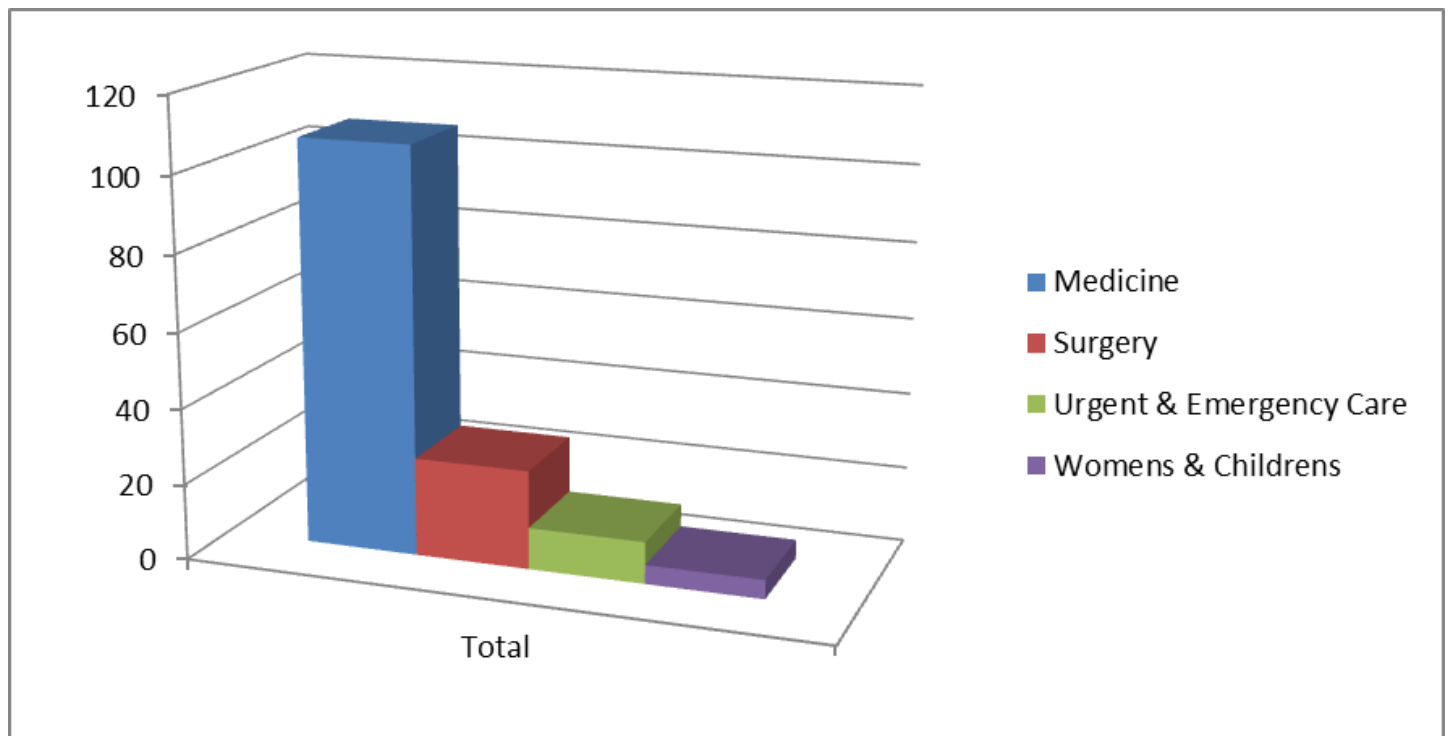
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
No. relating to hours/pattern	Acute Medicine	CT1	0	5	5	0
	Acute Medicine	FY1	0	5	5	0
	Anaesthetics	CT1	0	2	2	0
	Diabetes & endocrinology	CT1	0	1	1	0
	Diabetes & endocrinology	FY1	0	7	7	0
	Gastroenterology	CT1	0	9	9	0
	Gastroenterology	FY1	0	4	4	0
	General medicine	CT1	1	28	30	0
	General medicine	CT2	0	2	2	0
	General medicine	FY1	5	24	27	2
	General medicine	FY2	8	6	14	0
	General medicine	ST2	0	5	5	0
	General medicine	ST3	2	0	2	0
	General medicine	ST6	0	2	2	0
	Geriatric medicine	FY1	2	4	6	0
	Haematology	CT1	0	1	1	0
	Obstetrics and gynaecology	FY1	0	2	2	0
	Obstetrics and gynaecology	FY2	0	2	1	1
	Otolaryngology (ENT)	ST1	2	2	4	0
	Paediatrics	ST1	2	0	2	0
	Paediatrics	ST4	0	1	1	0
	Respiratory Medicine	FY1	0	0	1	0
	Respiratory Medicine	FY2	0	1	1	0
Surgical specialties	FY1	0	16	11	5	
Trauma & Orthopaedic Surgery	FY2	1	5	2	4	
<b>Total</b>			<b>23</b>	<b>134</b>	<b>147</b>	<b>12</b>
No. relating to educational opportunities	Anaesthetics	CT1	0	1	1	0
	Gastroenterology	CT1	0	2	2	0
	General medicine	CT1	0	4	4	0
	General medicine	FY1	0	1	1	0
	General medicine	FY2	0	1	1	0
General medicine	ST2	0	1	1	0	
<b>Total</b>			<b>0</b>	<b>10</b>	<b>10</b>	<b>0</b>
No. relating to service support available	Gastroenterology	CT1	0	1	1	0
	General medicine	CT1	2	1	3	0
	General medicine	FY2	3	0	3	0
	General medicine	ST2	0	1	1	0
	General medicine	ST6	0	1	1	0
Surgical specialties	FY1	0	1	1	0	
<b>Total</b>			<b>5</b>	<b>5</b>	<b>10</b>	<b>0</b>

**Table 1 Exception Reports for Working Hours by Grade and Division**

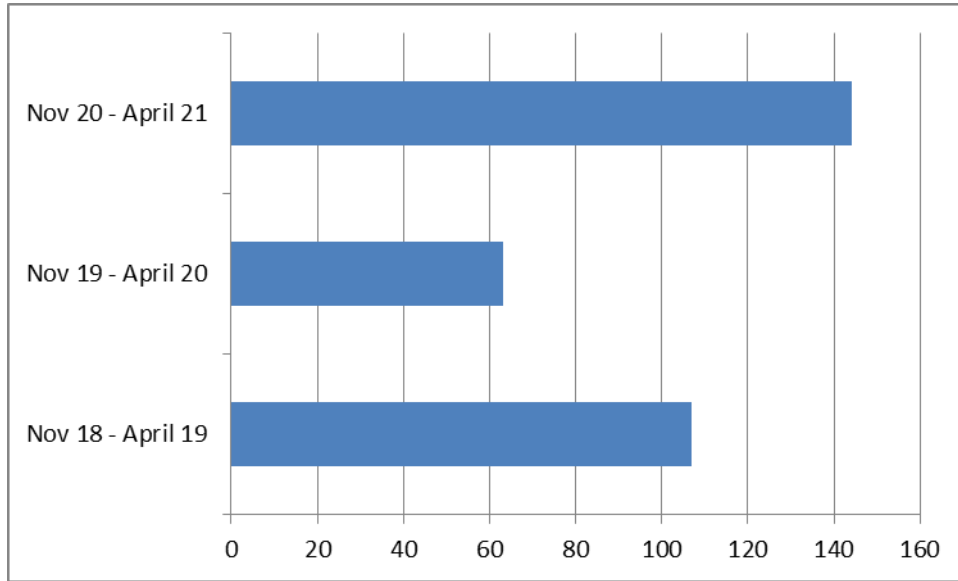
*\*Acute Medicine shifts involve doctors from the Medical Division*

The majority of the exception reports received during this period - 118 (79%) 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 118 exception reports, 10 were whilst doing acute medicine shifts and 108 whilst doing specialty specific or ward based work (Table 1) (Figure 1).

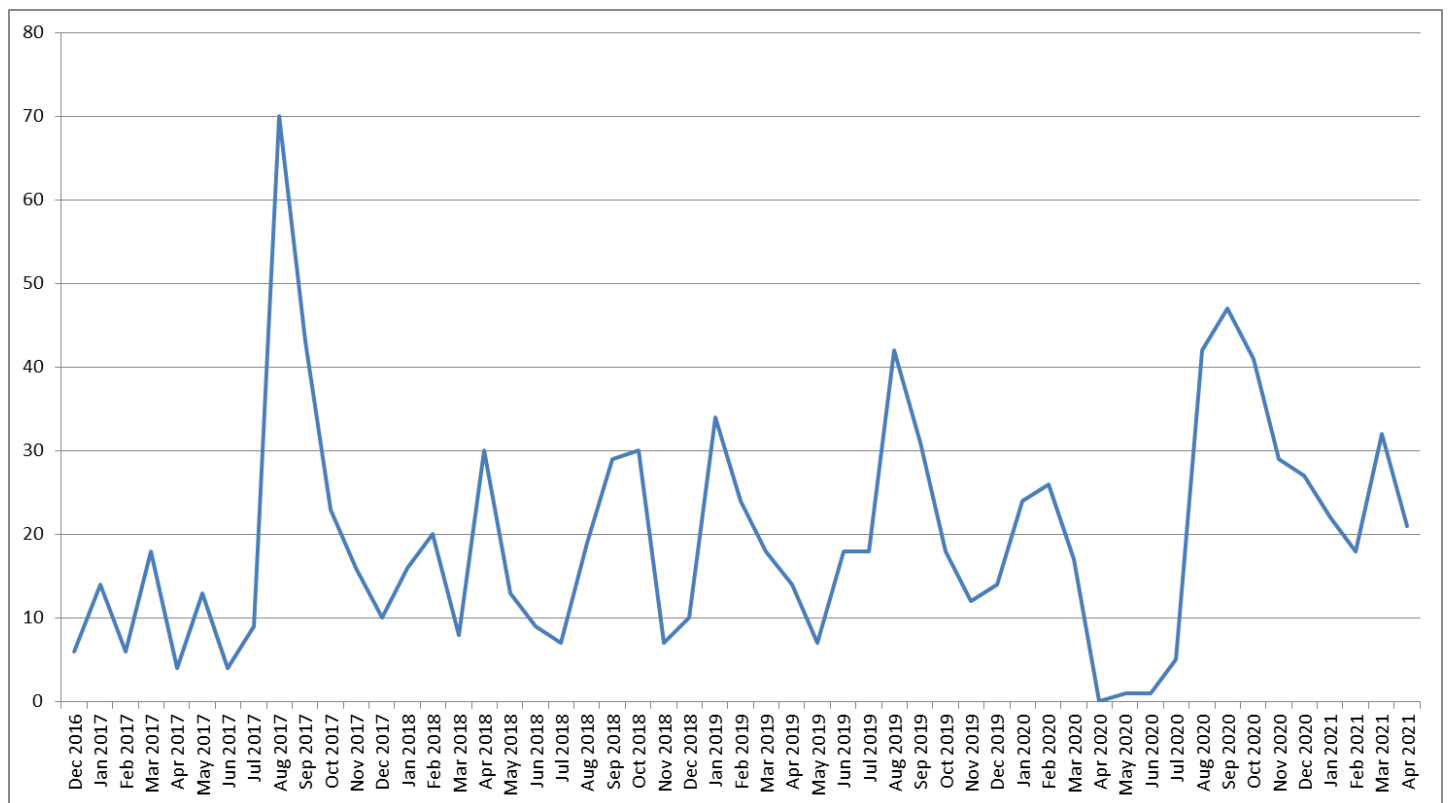
45 of the exception reports have come from the Foundation Year 1 doctors, 70 from the core trainees within the Division and 3 from the ST3+ trainees.



**Figure 1 Exception reports by division for Trainees**



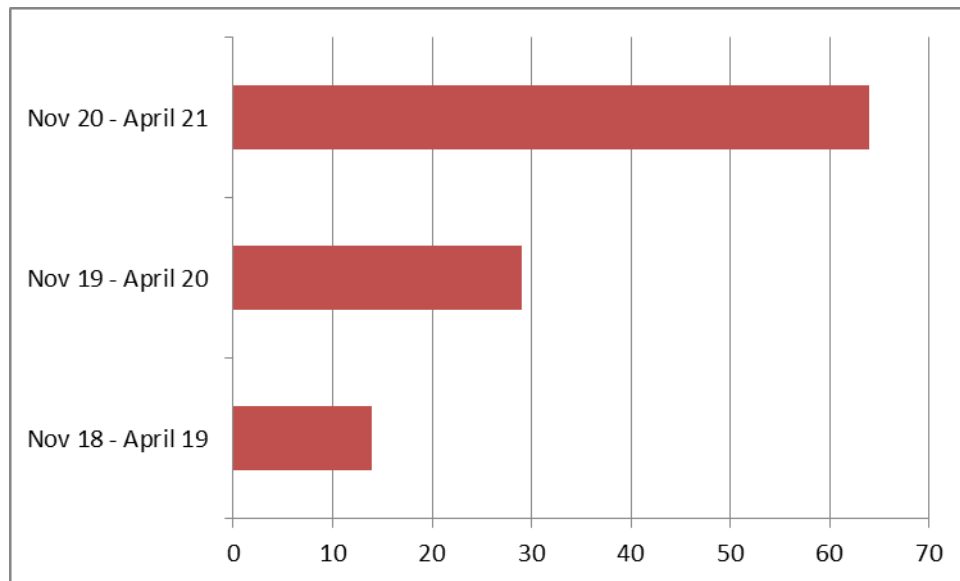
**Figure 2. Comparison of number of exception reports for the same period between 2019, 2020 and 2021**



**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/IMT1-2/ST1-2/GPST and ST3+ are 20%, 50% and 30%. However the proportion of total exception reports from each tier is 43%, 55% and 2% respectively.

Figure 4 shows that this year there have been more exception reports from Foundation Year 1 doctors than in the previous two years. There has been a lot of work undertaken at various trainee forums to encourage them to complete exception reports which has been realised in the case of the more junior trainees however as can be seen from figure 1, exception reports are less likely to be completed by the more senior trainees.



**Figure 4. Number of Exception reports by F1 doctors for the same quarter between 2019, 2020 and 2021.**

### **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**

13 of the 191 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 now 59 non-training posts across the Trust including teaching fellow posts.

## **Qualitative information**

During the period of this report, the country experienced the second/ third wave of the COVID pandemic which was much more intense than the first wave with in excess of 220 COVID inpatients at the peak. This peak was experienced in January and February 2021 and concern around safe ward based staffing levels escalated to Clinical Chairs between Christmas 2020 and New Year . Therefore after consultation with the Clinical Chairs, LNC, BMA, Chief Registrars and trainees at their junior doctors forum, there was a move to floor rotas on 9<sup>th</sup> January, where the trainees worked together and provided cover across wards on each floor, rather than just covering one ward, re organising the cover in this way provided more support overall for the trainees and both locum and bank doctors were engaged to provide additional cover during these unprecedented times. This rota remained in place until the changeover in April 2021.

The trainee rotation took place on Wednesday 3<sup>rd</sup> February for all trainees other than the Senior Anaesthetics Trainees. A delayed decision was taken by Health Education East Midlands not to rotate these trainees due to many of them working in intensive care units across the East Midlands all of which had exceeded the maximum number of patients at the time of the rotation. These trainees rotated in August.

During Q3 2020, the Clinical Chairs group and Medicine Division in particular, had been reviewing historic safe ward based medical staffing levels in view of the increased patient activity, demand and acuity. This furthermore followed increased feedback from medical trainees regarding out of hours and overnight activity along with a benchmarking process against Royal College Physicians staffing guidelines and that of other local organisations.

As immediate actions and pending formal business case submission, in April 2021 it was agreed by the Medical Division to implement a rota for the Clinical Fellows providing additional cover overnight and at the weekend. This rota has been in place since the beginning of April and will continue until August.

In addition following discussion with the Foundation Training Programme Directors, it was agreed that the Foundation Year 1 doctors would work nights between April and August 2021. The Foundation Year 1 doctors worked nights whilst supporting the floor rotas and it was agreed for them to continue to work nights. A review of this rota is being conducted by the Chief Registrar in May 2021 and further detail will be provided in the next guardian report.

It is hoped that the measures described above will go some way to reducing the number of exception reports that have been received relating to the cover provided at a more junior level at nights and weekends.

The Medicine Division have developed a business case to further enhance the medical cover required, bringing this in line with the Royal College guidance. The business case aims to increase the number of doctors on wards during the day time and also to provide an additional trainee at a senior level over night to support the Medical Registrar. The case is due to be discussed at the Executive Team Meeting, Trust Management Committee and the Finance Committee meeting in May. This will have significant financial implications but should this be approved it will provide much more robust medical cover arrangements within Medicine.

The Trust has had a vacancy for the Guardian of Safe Working Hours since April, Dr Martin Cooper, Consultant in Stroke Medicine has been competitively appointed to this position and he commences in post on 1<sup>st</sup> June 2021. Dr Cooper's aim is to increase the profile of the Guardian of Safe Working Hours within SFH and to enhance two way communication, building relationships via small group connections and a highly visible, approachable, supportive presence. He sees exception reporting as a key quality metric and will continue to encourage reporting but at the same time facilitate the divisions to deliver safe staffing levels.

An intranet page has been assigned to the Guardian of Safe Working and this will continue to be a source of guidance and information for the trainees and will be promoted by the new Guardian of Safe Working.

Both the junior doctors mess and other rest areas have been refurbished and new furniture and white goods have been purchased. The £60,833 that was given to the Trust as part of the Fatigue and Facilities charter has now been used.

The issues/actions raised in the previous Guardian of Safe Working report have been included in appendix 1 and the progress made has been noted.

## **Recommendations**

- All grades of junior doctors to continue to be encouraged to appropriately exception report with a particular focus on our more senior trainees.
- To encourage educational supervisor exception report feedback, learning and identify required mitigation actions with both junior doctors and consultants.
- To improve timeliness of responses to exception reports by educational supervisors to be closely monitored for the next three months and interventions to take place where required by the Guardian of Safe Working and the Medical Workforce Team.
- A educational and support review to be undertaken following the implementation of both the medicine Clinical Fellow rota and the Foundation Year 1 doctors working night time since April 2021.

## Conclusion

Trust Board is asked to;

- Note the contents of this report covering a 6 month period of unprecedented clinical activity which required exceptional actions in an effort to maintain safe medical staffing. An update from the previous report is included as appendix 1
- Recognise that our trainees continue to strive to provide high quality patient care and the requirement to review historic levels of safe ward based medical staffing in light of increasing demand, complexity and patient acuity
- Acknowledge that a number of specific or practical educational opportunities have been severely curtailed as a resultant of the Covid-19 pandemic and this may have severely impacted on the educational content of their SFH attachment
- Support the GoSW and Chief Registrar in ensuring continued focus on and support for trainee wellbeing
- Recognise that exception reporting will continue to increase in the short to medium term as more senior trainees are targeted.

## Appendix 1

### Issues/Actions from the Guardian of Safe Working Report dated 26th November 2020

Action/Issue	Rag Rating	Action 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
An intranet page to be developed for the Guardian of Safe working.		The intranet page has been developed and information for trainees relating to exception reporting has been added to the page.	26 <sup>th</sup> February 2021
Educational/Clinical Supervisors to be encouraged to complete exception reports in a timely manner.		The Medical Workforce team monitor the exception reports received and support the Educational/Clinical Supervisors where there is a delay.	ongoing
Undertake a review of the out of hours rota in Medicine		This has been included in the business case described in this report.	Outcome expected 3 <sup>rd</sup> June 2021