

**Board of Directors Meeting in Public**

<b>Subject:</b>	Guardian of Safe Working Hours Report	<b>Date:</b> 2nd December 2021		
<b>Prepared By:</b>	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Advisor			
<b>Approved By:</b>	Dr M Cooper – Guardian of Safe working Dr D Selwyn – Medical Director			
<b>Presented By:</b>	Dr Martin Cooper			
<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</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
Indicate Which strategic objective(s) the report support				
<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, sustainable 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 supported 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.				

## Executive Summary

The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1<sup>st</sup> August 2021 and 30th October 2021.

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 describes the introduction of a number of new rotas in Medicine to provide additional ward and out of hours cover.

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 1<sup>st</sup> August 2021 until 31<sup>st</sup> October 2021 which encompasses the first three months of the trainee rotation. 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, an increase of 8 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:	10
Number of unfilled training posts filled by a clinical fellow/locum:	6
Total number of non-training doctors including teaching fellows:	74
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 Aug 2021 (with regard to working hours)**

The data from Aug 2021 until the end of Oct 2021 shows there have been 51 exception reports in total, 45 related specifically to safe working hours while 6 were related to educational issues.

1 of the exception reports was categorised by the Trainee as an Immediate Safety Concern. The doctor explained that they had stayed for an additional 20 minutes after their finishing time of 4pm to support the ward team as there was only 1 junior doctor covering the ward between 4 and 5pm on that day.

Of the 45 exception reports related to safe working hours, 43 were due to working additional hours and 2 were related to natural breaks.

By month there were 17 in August 2021, 20 in September 2021 and 14 in October 2021.

Of these 51 exception reports 38 (75%) have been closed with 13 (25%) still open and 12 of these are overdue. Of the 12 overdue exception reports 2 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 8.2 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 52% (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 14 with time off in lieu (TOIL), 13 with additional payment and 2 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.

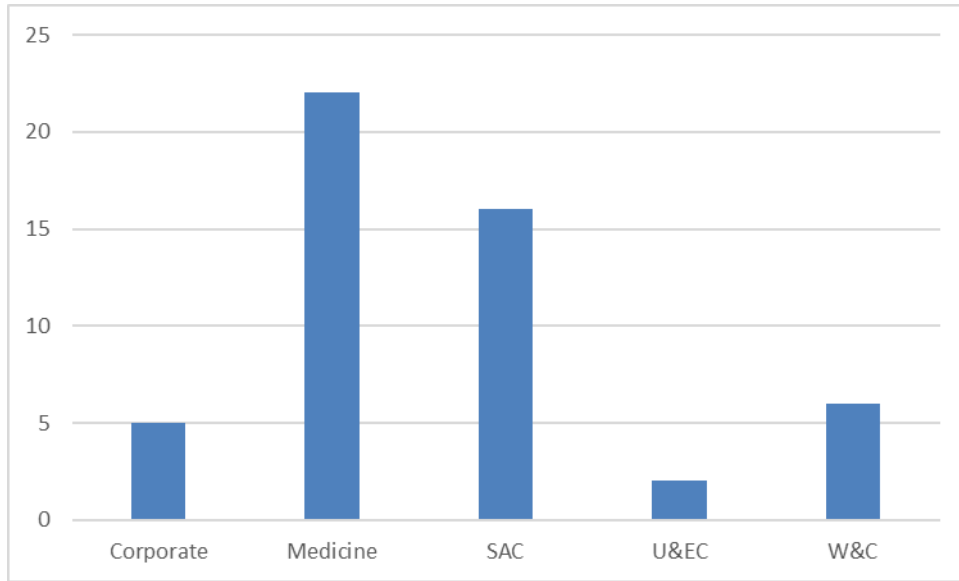
Reasons for ER over last quarter by specialty & grade						
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety	Acute Medicine	CT1	1	0	0	0
	Acute Medicine	ST2	0	1	0	1
<b>Total</b>			<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
No. relating to hours/pattern	Acute Medicine	CT1	1	0	1	0
	Acute Medicine	CT3	0	1	0	1
	Acute Medicine	ST2	0	1	0	1
	Diabetes & endocrinology	FY1	0	1	1	0
	Gastroenterology	CT1	0	3	3	0
	Gastroenterology	FY1	0	1	1	0
	Gastroenterology	FY2	0	5	5	0
	General medicine	CT1	0	2	2	0
	General medicine	FY1	4	3	4	1
	General medicine	FY2	0	4	3	1
	General medicine	ST6	0	2	2	2
	General practice	FY2	0	5	3	2
	Obstetrics and gynaecology	ST1	0	2	1	2
	Paediatrics	ST4	0	1	0	1
	Palliative medicine	ST1	1	0	0	0
	Surgical specialties	CT1	0	1	1	0
	Surgical specialties	FY1	2	3	1	3
Trauma & Orthopaedic Surgery	FY2	0	10	0	10	
<b>Total</b>			<b>8</b>	<b>45</b>	<b>28</b>	<b>24</b>
No. relating to educational opportunities	Anaesthetics	CT3	0	2	2	0
	Gastroenterology	CT1	0	1	1	0
	Obstetrics and gynaecology	FY2	0	2	1	2
	Obstetrics and gynaecology	ST2	1	0	1	0
	Paediatrics	ST4	0	1	0	1
<b>Total</b>			<b>1</b>	<b>6</b>	<b>5</b>	<b>3</b>
No. relating to service support	Acute Medicine	CT1	1	0	0	0
	Obstetrics and gynaecology	FY1	1	0	0	0
<b>Total</b>			<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

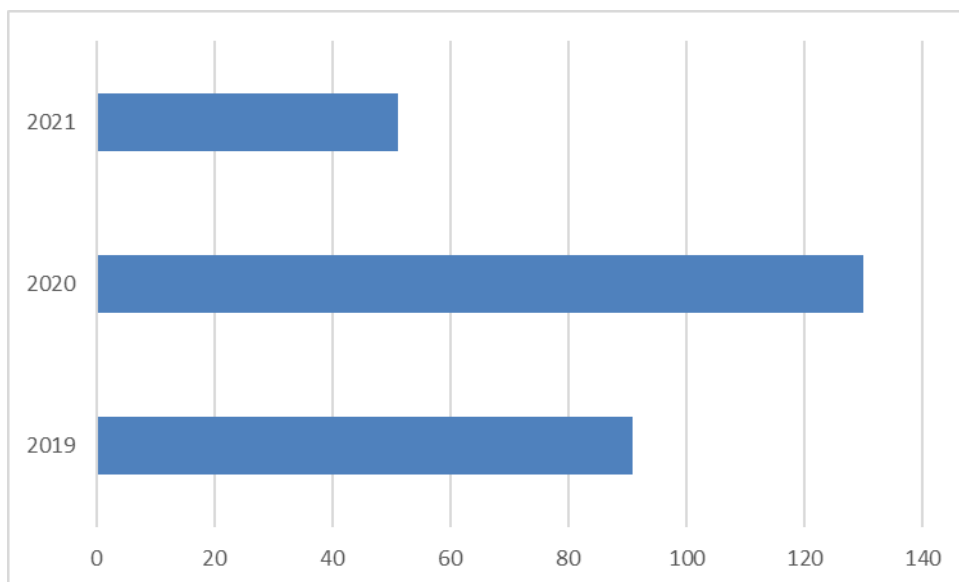
*\*Acute Medicine shifts involve doctors from the Medical Division*

The majority of the exception reports received during this period - 24 (47%) 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, 2 were whilst doing acute medicine shifts and 22 whilst doing specialty specific or ward based work within Medicine. (Table 1) (Figure 1).

5 of the exception reports have come from the Foundation Year 1 doctors, 16 from the core trainees within the Medical Division and 3 from the ST3+ trainees.



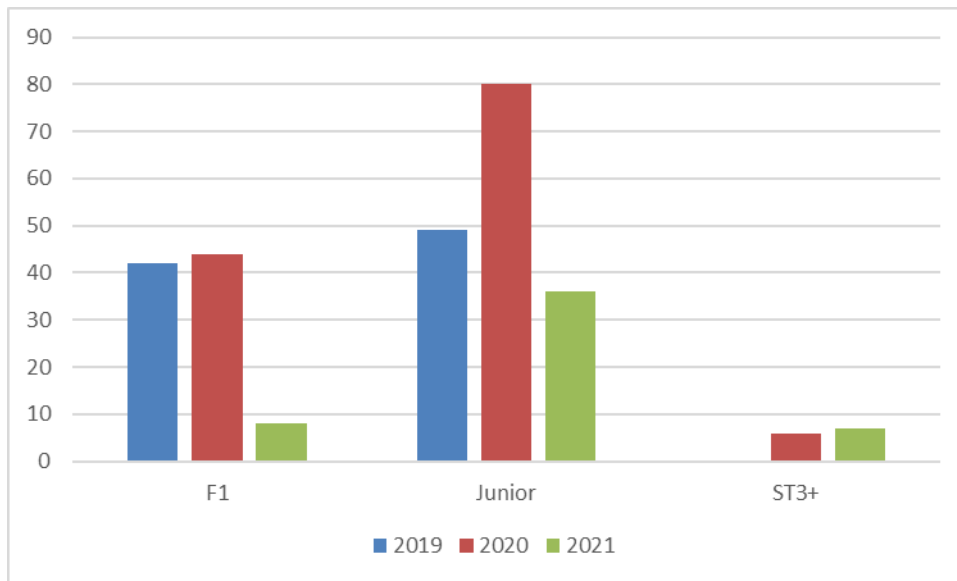
**Figure 1 Exception reports by Division for Trainees**



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

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 21%, 46% and 33%. However, the proportion of total exception reports from each tier is 16%, 70% and 14% 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 has been one exception report received from a Clinical Fellow during this period. The Clinical Fellow worked an additional hour, the exception report has been reviewed and the doctor will be compensated with additional pay for that hour. A system has been developed to enable Clinical Fellows, Senior clinical Fellows and Foundation Year 3 doctors to report exceptions manually to the Medical Workforce team with the allocate system only being available for trainee use. A regular reminder is sent to the Clinical fellows to encourage them to report any exceptions.

### 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**

10 of the 203 training posts are unfilled by a doctor in training, however, 6 of the 10 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**

A number of changes were made in preparation for the new cohort of junior doctors commencing in post in Medicine from August 2021. An additional 11 Clinical Fellows were recruited following the approval of the business case. These doctors will provide cover for the wards as well as out of hours. A Clinical Fellow rota was implemented during the COVID surge, some changes have been made to the rota following feedback from the Clinical Fellows in post at that time. The numbers of Clinical Fellows supporting this rota will increase to 21 in December and 30 in February 2022 when it is expected all of the Clinical Fellows will be in post and working independently.

A second rota has been implemented in Medicine at middle grade level, this rota is supported by the Internal Medicine Year 3 Trainees and the Senior Clinical Fellows in Acute Medicine. The purpose of this rota is to enable two doctors at middle grade to be available out of hours. These shifts are extremely busy and with the considerable increase in both the volume and acuity of patients, having one person at registrar level in Medicine out of hours was no longer appropriate.

Foundation Year 1 doctors in Medicine have also continued to work nights since August.

The above data suggests that these changes have had a considerable impact on the overall number and distribution of exception reports received in comparison to the same time in the previous two years with very few exception reports being received from the Foundation Year 1 doctors.

In Trauma and Orthopaedics, the junior doctor rota has been amended to include twilight shifts from 5pm until midnight during the week which has required an additional two doctors to participate in the rota.

There were 2 exception reports that met the requirement for a level 1 review, this was due to the number of outlying medical patients on the surgical ward that required review. A discussion took place with the Guardian of Safe working and the Clinical Chair to understand future capacity plans which were articulated at the meeting.



The Guardian is reassured that changes have been made within the Medical Division to ensure more robust junior cover of these patients without the need to call upon the support of colleagues from within Surgery. Moving forward it is hoped to expand the substantive medical workforce to provide the appropriate level of cover to these patients year round.

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

Since the new junior doctors cohort commenced in post in August, Dr Cooper has taken the opportunity to talk to a number of trainees, he introduced himself at the doctors induction, has since visited wards, attended some bi monthly specialty junior doctors forums as well as the Trust junior doctors forum. Dr Cooper is taking these opportunities to talk to the doctors about their experiences and is also encouraging doctors to submit exception reports where appropriate. Working with the Chief Registrar Dr Cooper is developing a Quality Improvement Project to highlight the importance of and encourage a greater degree of Exception Reporting amongst trainees, especially those at a more senior level

Dr Cooper attended the Medical Managers meeting to take the opportunity to outline the role and responsibilities of the Guardian of Safe Working. This was particularly useful as there are a number of Heads of Service and Service Directors that are new to the role. He also asked them to encourage consultant colleagues to respond to exception reports in line with the requirements of the contract.

Dr Cooper together with the Head of Medical Workforce plan to attend the Educational Supervisors Forum to discuss the importance of responding to exception reports in accordance with the Junior Doctors contractual requirements. Dr Cooper will also take the opportunity to present the Guardian of Safe Working Quarterly report at the forum.

Dr Cooper has made links with fellow Guardians in the East Midlands region and is looking to share experiences regarding the issues raised through exception reporting.

## Conclusion

Trust Board is asked to:

- Recognise that exception reporting will increase in the short amongst Senior Trainees as they are encouraged to complete exception reports.
- Note that this is the first report to contain data from Clinical Fellows, Senior Clinical Fellows and Foundation Year 3 doctors and that this group of doctors will continue to be encouraged to exception report.
- 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 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.

## Appendix 1

### Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	Rag Rating	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 and the Head of Medical Workforce to attend the Educational Supervisors forum to encourage them to review exception reports in a timely manner.	End November 2021
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.		To be included in the next report in November 2021.	Complete