

## Board of Directors Meeting in Public

<b>Subject:</b>	Guardian of Safe Working Hours Report	<b>Date:</b> 1 <sup>st</sup> September 2022		
<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 - Medical Director			
<b>Purpose</b>				
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.	<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
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			X
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
This report will be presented at the Joint Local Negotiating Committee and the Junior Doctors Forum 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> May 2022 to 31<sup>st</sup> July 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 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 new intake of doctors.

The report outlines the reasons for the 4 Immediate Safety concerns that were reported during this period, two relate to ward cover and the lack of cover at postgraduate doctor level in Trauma & Orthopaedics where the rota is currently being reviewed, one related to an extremely busy shift in Acute Medicine and this was reviewed by the Head of Service the following day and the final concern related to a doctor not being able to go to teaching which, after review, doesn't meet the threshold of an immediate safety concern.

Trust Board is asked to note:

- that a letter is being sent to the Educational and Clinical Supervisors by the Guardian of Safe Working regarding the timely completion of exception reports and the Guardian of Safe Working also regularly attends the Educational Supervisors forum to remind the clinicians of the importance of responding to exception reports through the system to enable timely and accurate reporting.
- that details of the exception reports from Clinical Fellows will continue to be included in the Quarterly Guardian of Safe Working reports and the number of reports being received is gradually increasing.
- that work to review the rota in Medicine has been concluded, this rota provides more consistency amongst the doctors, it enables the trainees to have more specialty experience and the clinical fellows to have more acute experience. This rota also provides support for the GP trainees many of which have limited experience of working in an Acute Trust out of hours as they will be working on the same rota as the Foundation Year 1 doctors. Previous exception reporting instrumental in providing the evidence required to invest in and adjust, this new rota.

## Introduction

This report provides an update on exception reporting data, from 1<sup>st</sup> May 2022 to 31<sup>st</sup> July 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 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 214 postgraduate doctors in training, an increase of 11 from the previous rotation.

## High level data

Number of doctors in training (total):	214
Number of doctors in training on 2016 TCS (total):	214
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:	66
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 May 2022 (with regard to working hours)

The data from 1<sup>st</sup> May 2022 to 31<sup>st</sup> July 2022 shows there have been 40 exception reports in total, 35 related specifically to safe working hours while 3 were related to educational issues and 2 related to service support.

Four of the exception reports were categorised by the postgraduate Trainees as Immediate Safety Concerns. Further details of the immediate safety concerns can be found in Table 2.

By month there were 19 exception reports in May 2022, 8 in June 2022 and 13 in July 2022.

Of the 35 exception reports related to safe working hours, all were due to working additional hours.

Of the total 40 exception reports 30 (75%) have been closed with 10 (25%) still open and all 10 of these are overdue. Of the 10 overdue exception reports, 5 are still waiting for the initial meeting to take place, the other 5 are unresolved or waiting for the postgraduate doctor's agreement.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 2 days which is a considerable improvement. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 10 (25%) 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 21 (60%) with time off in lieu (TOIL), 11 (31%) with additional payment, 2 (6%) with no further action and 1 (3%) flagged for prospective changes to the work schedule.

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, therefore this is actioned manually by the Medical Workforce team.

## Trainee Grades

A summary of the training grades of postgraduate medical doctors is provided below

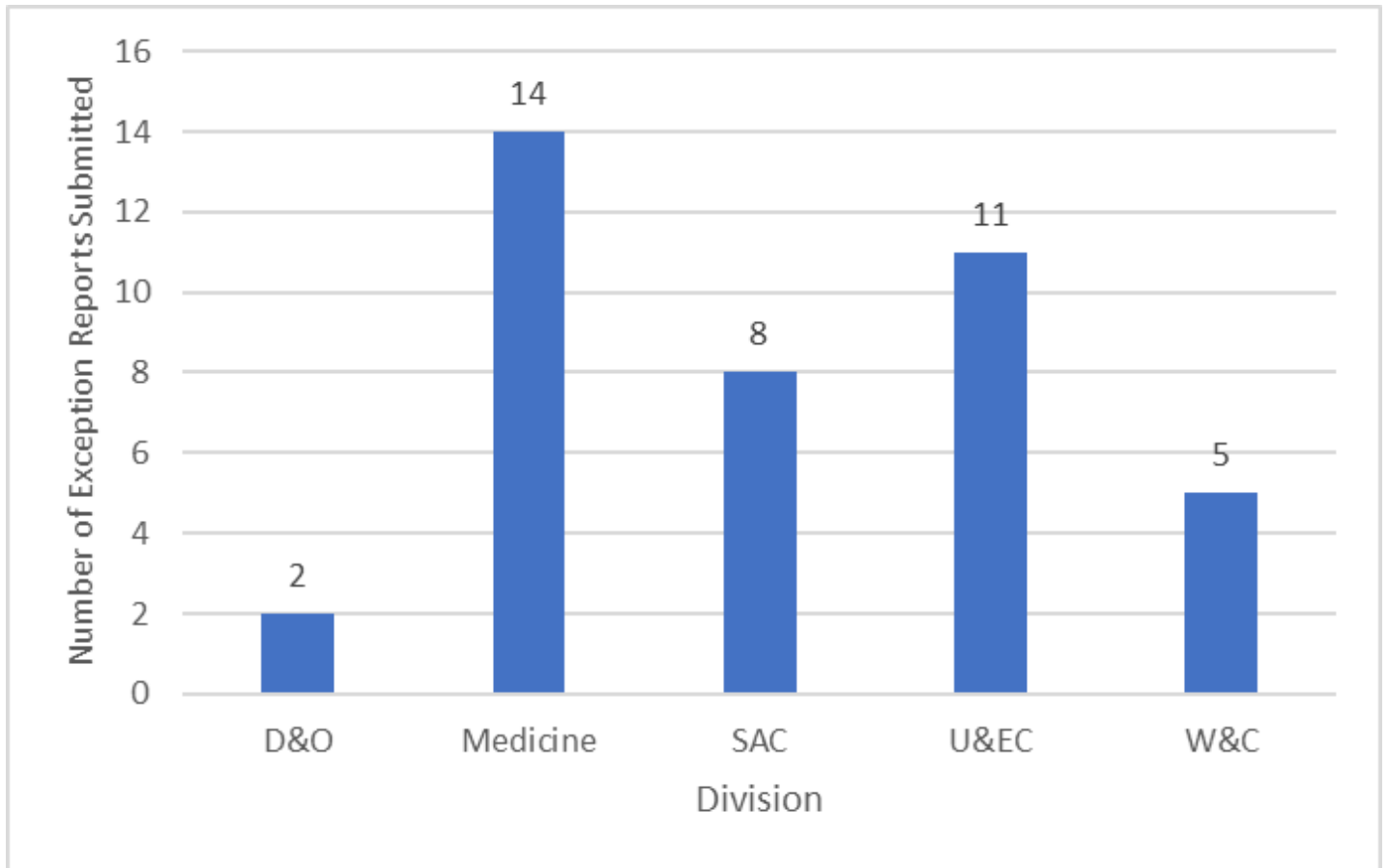
Foundation Trainees Year 1 & 2	Trainees that have completed Medical School and are in their first and second years as a trainee.
Core Training Year 1,2 and 3 Specialty Training Year 1 & 2 Internal Medicine Training Year 1,2 & 3	Trainees that have completed their Foundation Training and moved into either general training or specialty training and are classed as 'junior' trainees
Specialty Training Year 3+	Trainees that have completed their core or specialty training as a junior trainee and are now specializing in a specific area as a Senior trainee

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	CT3	0	1	1	0
	Obstetrics and gynaecology	FY2	0	1	1	0
	Trauma & Orthopaedic Surgery	FY2	0	2	1	1
<b>Total</b>			<b>0</b>	<b>4</b>	<b>3</b>	<b>1</b>
No. relating to hours/pattern	Accident and emergency	ST5	4	0	0	4
	Acute Medicine	CT2	2	6	6	2
	Acute Medicine	CT3	7	5	11	1
	Cardiology	CT2	1	0	1	0
	Gastroenterology	FY1	1	0	0	1
	General medicine	CT1	1	0	1	0
	General medicine	FY1	14	5	9	10
	General medicine	FY2	2	3	5	1
	General medicine	ST1	0	1	0	1
	General medicine	ST6	1	2	0	3
	General practice	FY2	2	0	2	0
	General surgery	FY1	1	0	1	0
	Genito-urinary medicine	FY2	1	2	3	0
	Haematology	CT1	0	2	1	1
	Obstetrics and gynaecology	FY1	3	0	1	2
	Obstetrics and gynaecology	FY2	1	1	2	0
	Obstetrics and gynaecology	ST1	1	1	1	1
	Obstetrics and gynaecology	ST4	1	0	0	1
	Paediatrics	FY1	1	0	0	0
	Paediatrics	FY2	1	0	0	1
	Paediatrics	ST2	6	0	3	3
	Paediatrics	ST4	3	0	0	3
	Paediatrics	ST5	0	3	3	0
	Paediatrics	ST6	1	0	0	0
	Respiratory Medicine	FY1	1	0	0	1
	Surgical specialties	FY1	3	2	1	4
	Trauma & Orthopaedic Surgery	FY2	9	2	7	4
Trauma & Orthopaedic Surgery	ST7	8	0	0	8	
<b>Total</b>			<b>76</b>	<b>35</b>	<b>58</b>	<b>52</b>
No. relating to educational opportunities	Anaesthetics	CT1	1	0	0	1
	General medicine	FY1	0	1	1	0
	Ophthalmology	ST2	1	0	1	0
	Paediatrics	ST4	1	0	0	1
	Trauma & Orthopaedic Surgery	FY2	1	2	2	1
<b>Total</b>			<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>
No. relating to	Trauma & Orthopaedic Surgery	FY2	0	2	1	1
<b>Total</b>			<b>0</b>	<b>2</b>	<b>1</b>	<b>1</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 - 25 (62.5%) in total - are from postgraduate 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 25 exception reports, 11 were whilst doing acute medicine shifts and 14 whilst doing specialty specific or ward-based work within Medicine. (Figure 1).



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

Within the Medical Division 6 of the exception reports have come from the Foundation Year 1 Doctors, 17 from the Foundation Year 2 Doctors and IMT Trainees and 2 from the ST4+ Trainees. (Figure 2).

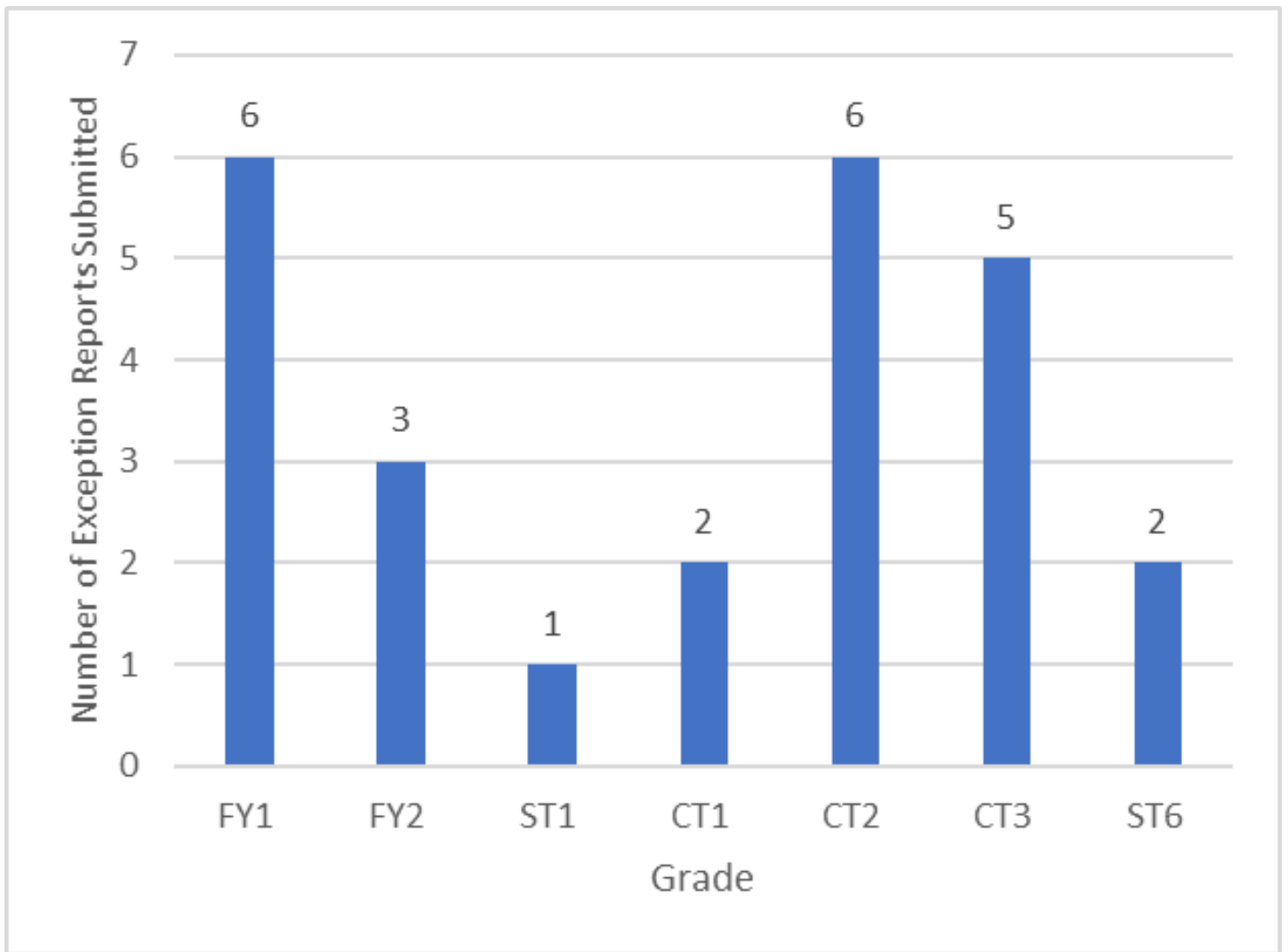
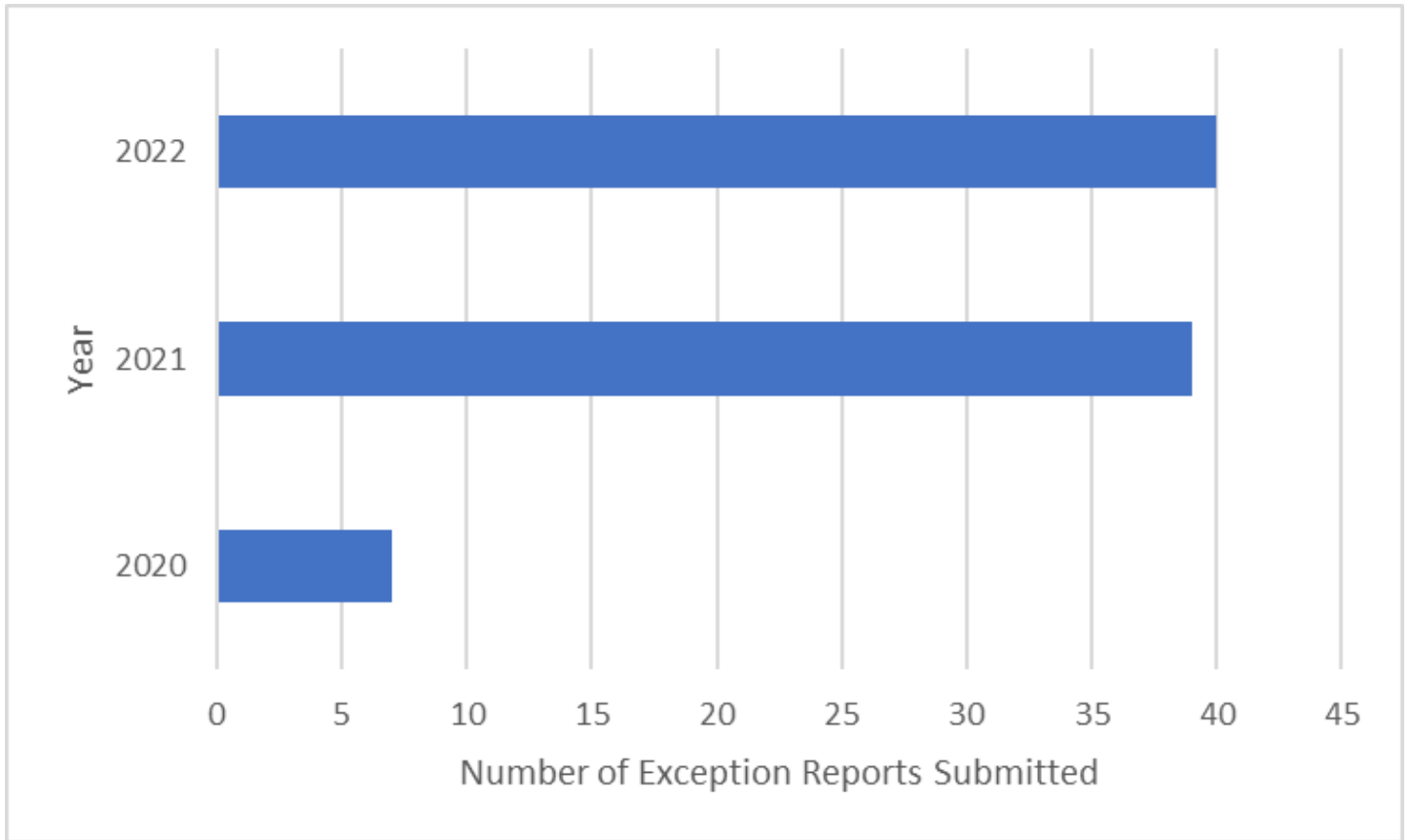


Figure 2. Exception reports by Grade for Trainees in Medicine



**Figure 3. Comparison of number of exception reports for the same period between 2020, 2021 and 2022**

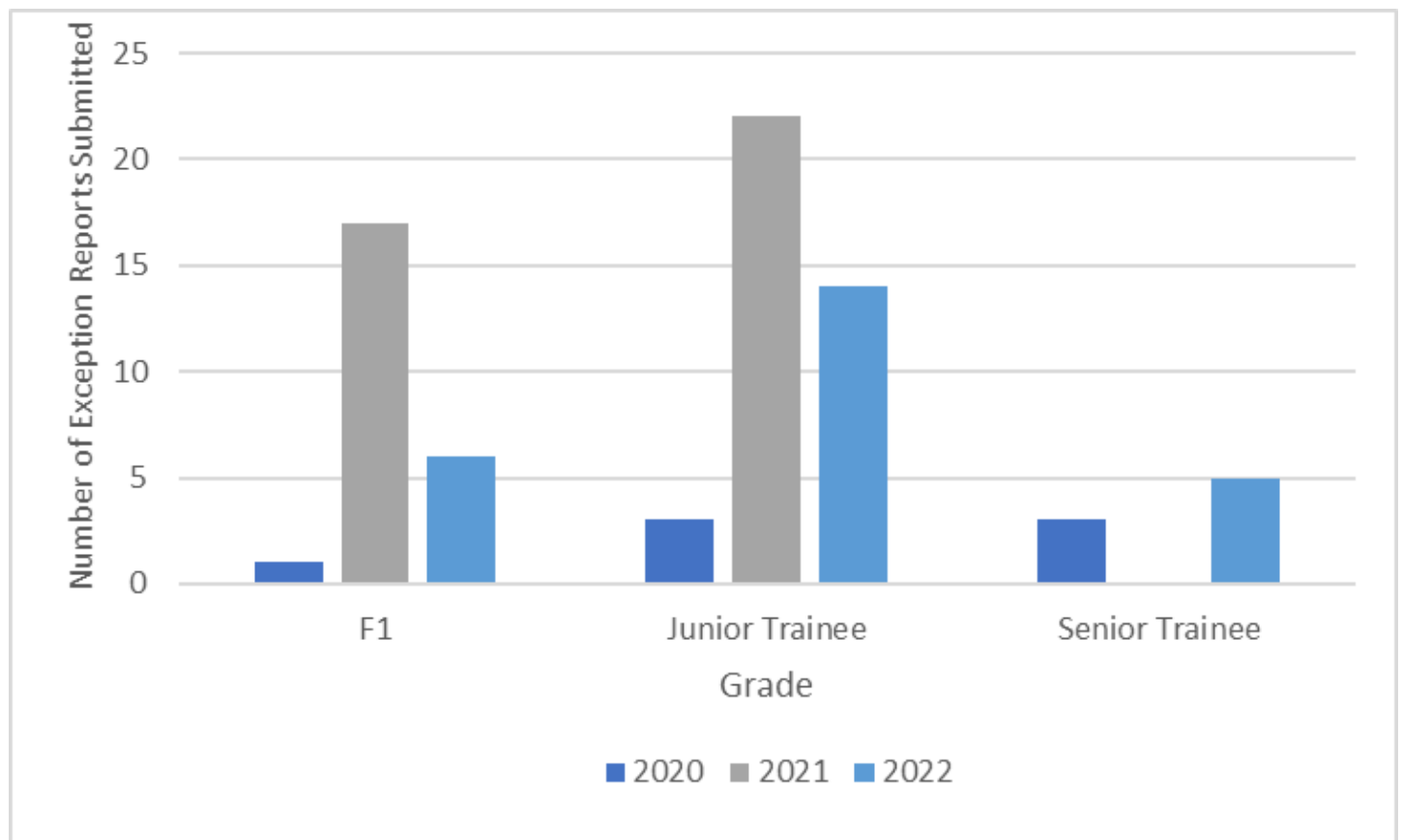
Currently the proportion of postgraduate doctors in training in each of the three tiers of F1, F2/CT/IMT/ST1-2/GPST and ST3+ are 17%, 57% and 26%. However, the proportion of total exception reports from each tier is 20%, 67.5% and 12.5% respectively.



Date	Grade and Specialty of Doctor	Details of Immediate Safety concern reported by the Trainee	Action Taken	Status of the Concern
02.05.22	F2 Trauma & Orthopaedics	Busy on call, unable to complete all the tasks due to a deteriorating patient.	Registrar and on call consultant supported, very busy on call.	Concern remains open, work currently taking place to make some changes to the rota.
30.05.22	IMT3 Medicine	Very busy shift, felt there were too many referrals receiving SDEC.	Meeting held with the head of Service and other members of the Senior team on 1 <sup>st</sup> June 2022 to review the shift.	Concern closed
06.06.22	F2 Trauma & Orthopaedics	Very busy on call shift, some staff had been given leave and the workload was too much for one doctor.	The Director of Postgraduate Education discussed this with the Service.	Concern remains open work currently taking place to make some changes to the rota.
22.7.22	F2 Obstetrics & Gynaecology	Unable to attend teaching as supported in theatre due to colleague being absent from work.	This was acknowledged by the Service and it was agreed that this report didn't meet the requirements of an immediate safety concern.	Concern closed.

**Table 2. Immediate Safety Concern Concerns Raised**

Figure 4 shows that this year there have been fewer exception reports from the F1 and the junior trainees than in the previous year but there is an increase in the number of senior trainees submitting exception reports.



**Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2020, 2021 and 2022.**

### Exception Reports from Clinical Fellows

There have been 16 exception reports received from Clinical Fellows during this period. All 16 exception reports were from doctors in Medicine. 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. 1 more exception report was received from clinical fellows this quarter than last quarter.

### 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 214 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. A number of these posts became 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 Senior trainees level still remains low with 5 being reported during this period. Although the number of exception reports has increased slightly, the hospital has remained extremely busy, therefore it is felt that this group of doctors are still under reporting.

The response to the exception reports by Educational and Clinical Supervisors within the required 7 days has improved considerably. Table 3 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 reduced, following recent reminders that have been sent to some Educational/Clinical Supervisors with exception reports outstanding. In addition, the median time to the first meeting is 2 days which again is a considerable improvement from the previous report.

<b>Date of the Guardian Report</b>	<b>Number and Percentage of reports <u>not</u> responded to within 7 days</b>
May 2022 – July 2022	25% of all reports received 10 reports
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

**Table 3 Exception Reports not responded to within 7 days**

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. Initial discussions with Education/Clinical Supervisors that had exception reports outstanding in the system has resulted in a considerable improvement in the median time to the first meeting being reduced to 2 days which is a considerable improvement.

Work has been undertaken within Medicine to review the rotas for junior postgraduate trainees and the Clinical Fellows. This has been done in conjunction with the doctors. For some years, the rota has remained fundamentally the same and as doctor numbers have increased, the lines on the rota have increased.

This old rota has now been divided up into 4 x18 line rotas. A number of meetings have been held with stakeholders to discuss the rota in detail and amendment have been made to refine the rota as discussions have progressed. This is an ongoing process and will continue as feedback will be requested from the new cohort of doctors in August 2022.

Exception reports received relating to the new rota will be closely scrutinised.

There are discussions taking place to review the Trauma & Orthopaedic rota and the ED rota for the junior postgraduate trainees going forwards. Paediatrics are in the process of reviewing the rota for senior trainees.

## 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 also regularly attends 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 continue to be included in the Quarterly Guardian of Safe Working reports and the number of reports being received is gradually increasing.
- Note that work to review the rota as described above in Medicine has been concluded, this rota provides more consistency amongst the doctors, it enables the trainees to have more specialty experience and the clinical fellows to have more acute experience. This rota also provides support for the GP trainees many of which have limited experience of working in an Acute Trust out of hours as they will be working on the same rota as the Foundation Year 1 doctors.

**Appendix 1**

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

<b>Action/Issue</b>	<b>Action Taken (to be taken)</b>	<b>Date of completion</b>
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.	30 <sup>th</sup> September 2022
Implementation of the new rota in Medicine	Exception reports relating to this rota to be closely monitored	August 2022 - January 2023