

Guardian of Safe Working Report covering the period from 1st February 2024 to 30th April 2024

Introduction

This report provides an update on exception reporting data, from 1st February 2024 to 30th April 2024. 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 data below, 243 (219.5 wte) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 252 trainee posts, so this rotation, the second rotation of the year, there are 26 vacant trainee posts. This is due to NHSE not being able to fill these posts for a variety of reasons, including doctors being on maternity leave (9 doctors), unanticipated lack of training progress (not passing their exams), doctors leaving the training programme early, or there not being enough trainees following a particular training pathway to fill the posts across the country. The Trust isn't always informed of the reasons for the vacant posts and as can be seen from previous reports, these vacancy numbers fluctuate for each rotation. Further information is included in the vacancies section.

High level data as of 30th April 2024

Established doctor in training posts:	252		
Established non-training doctor posts:	119		
	Posts	Heads	WTE
Number of doctors in training in post:	226	242	219.5
Number of vacant training posts:	26	-	32.5
Number of unfilled training posts filled by a non-training doctor:	4	-	6.2
Number of non-training doctors in post:	114	105	112.2
Number of vacant non-training posts:	5	-	6.8

Please note the above table shows that there are 242 doctors in training (219.5 wte) covering 226 training posts, this is due to more than 1 LTFT doctor occupying a post.

High level data from previous quarter (as of 31st January 2024)

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	219	227	218.1
Number of vacant training posts:	33	-	33.9
Number of unfilled training posts filled by a non-training doctor:	8	-	8
Number of non-training doctors in post:	100	106	104.2
Number of vacant non-training posts:	9	-	4.8

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 PA per trainee

Exception reports From 1st February 2024 (with regard to working hours)

The data from 1st February 2024 to 30th April 2024 shows there have been 27 exception reports in total, and all 27 related specifically to safe working hours.

One of the exception reports was categorised by the postgraduate trainees as an immediate safety concern. Further details of the immediate safety concerns can be found in Table 1.

By month there were 18 exception reports in February 2024, 7 in March 2024 and 2 in April 2024.

Of the 27 exception reports all were due to working additional hours.

Of the total 27 exception reports, 26 have been closed and 1 is pending the initial meeting.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 13.5 days. The time to the first meeting is similar to the previous report. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 18 (67%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Reminders are sent automatically to the Educational Supervisors listed by the Trainee to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the more straight forward exception reports, the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response. Where a doctor is on nights, it can be difficult to ensure that the initial meeting takes place within 7 days. However, all but one of the exception reports have had the initial meeting which is an improvement on previous reports.

Where an outcome has been suggested there are 7 (27%) with time off in lieu (TOIL) totaling 8 hours and 50 minutes and 19 (73%) with additional payment totaling 21 hours and 25 minutes at normal hourly rate and 5 hours 45 minutes at premium rate.

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, a report is

completed for the rota coordinators to ensure that time off in lieu is added to the doctor's record or any payment is made. This is completed on a monthly basis in line with payroll cut off periods.

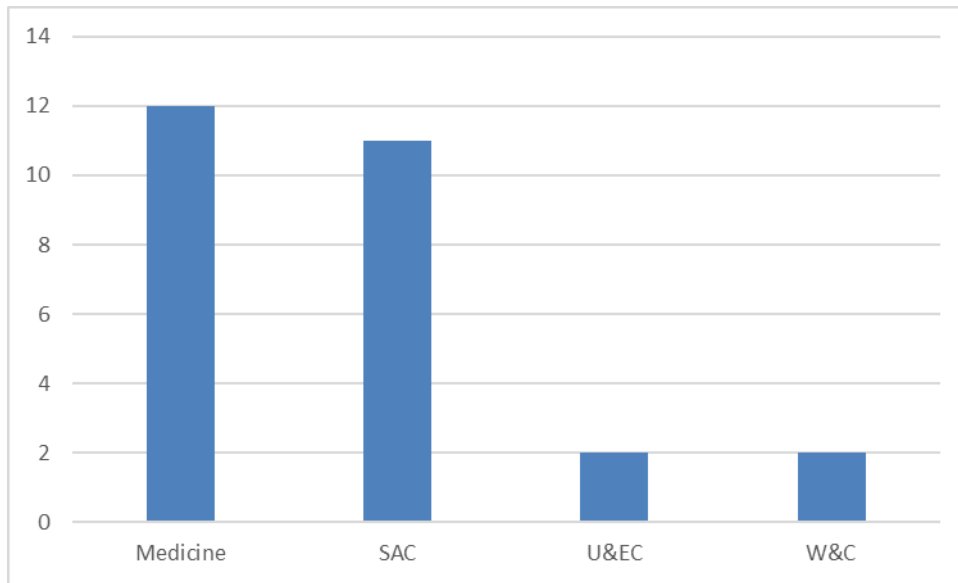


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 12 (44%) in total - are from postgraduate doctors working in the **Medicine Division**.

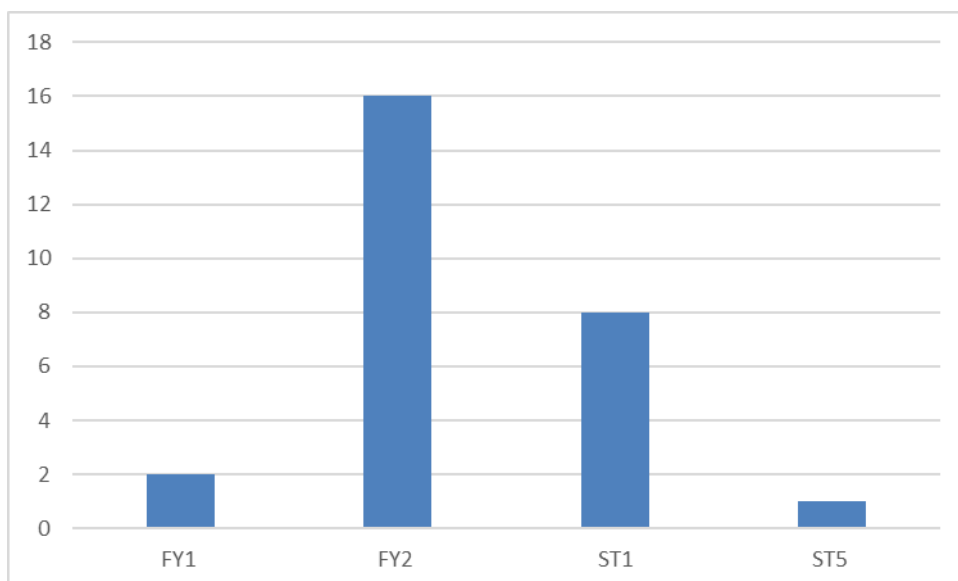


Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 2 Doctors. In total 2 (7%) of the exception reports have come from the Foundation Year 1 Doctors, 16 (59%) from the Foundation Year 2 Doctors, 8 (30%) ST1/2 doctors and 1 (4%) from ST3+ doctors.

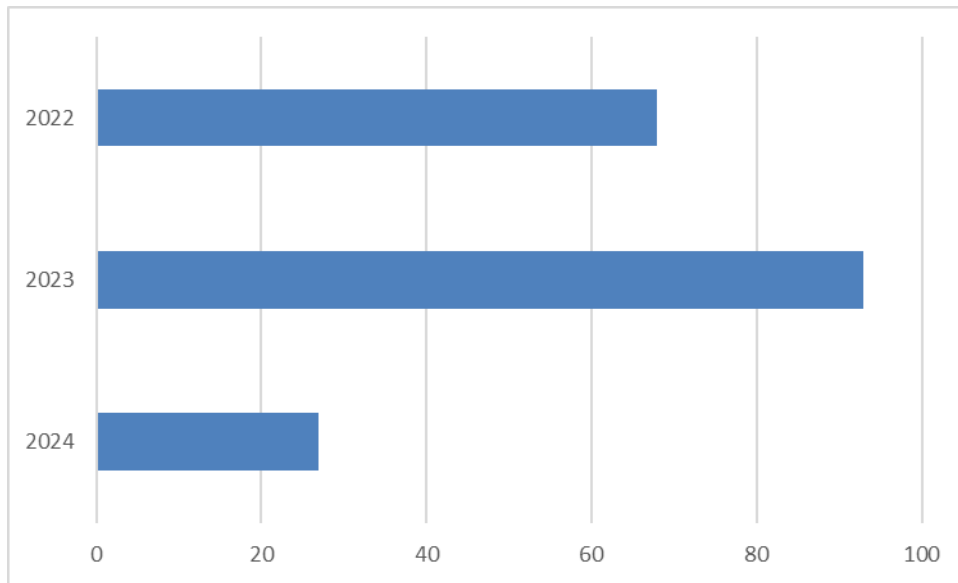


Figure 3. Comparison of number of exception reports for the same period between 2022, 2023 and 2024

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
07.02.2024	FY1 in Acute Medicine	No registrar for EAU from 3pm-5pm and on leaving at 6pm no EAU registrar available so had case had to be discussed with the Resus Registrar meaning minimal staffing. From 4pm-5pm no other junior doctors for EAU only junior doctors clerking patients.	The event has been discussed and a plan for action in future similar situations.	The concern has been closed

Table 1. Immediate Safety Concern Concerns Raised

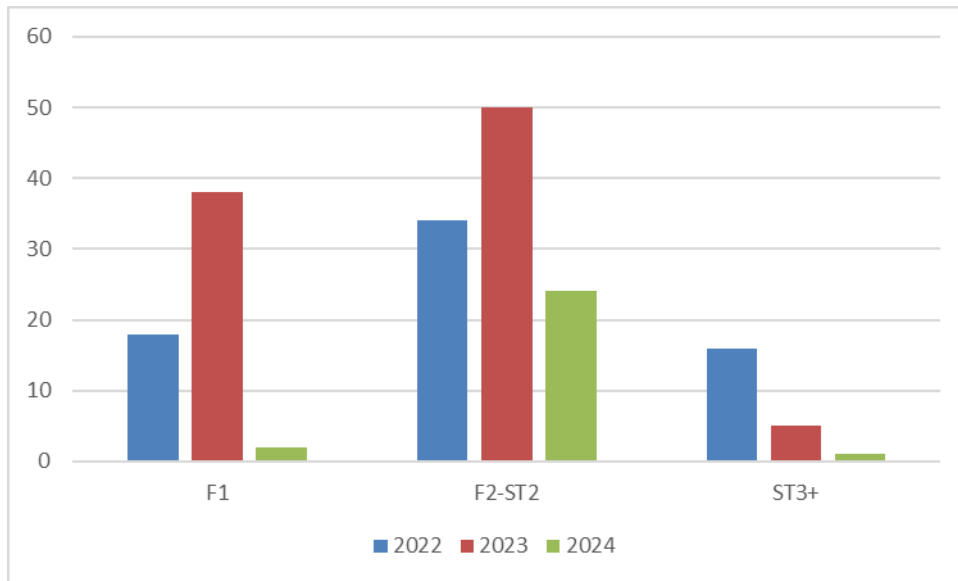


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2022, 2023 and 2024.

Figure 4 shows that for this period this year there have been less exception reports from all grades of doctors than in the previous years.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 242 doctors in training. As mentioned in the introduction, there are 26 vacancies where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 4 of the vacancies are currently filled by Clinical Fellows/Senior Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible particularly in Medicine, Urgent & Emergency Care and some specialties within Surgery, Anaesthetics and Critical Care.

The remaining gaps will be filled by doctors on the bank where needed to support the rotas, which represents a cost pressure to the Trust.

The process of recruiting Clinical Fellows for August is well underway. A piece of work is currently being undertaken within the Division of Surgery, Anaesthetics and Critical Care to consider the option of over recruiting in some surgical specialties, particularly Trauma & Orthopedics, given that the number of Clinical Fellows in that area to support additional activity at Newark hospital has increased.

Qualitative information

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 number is high and is an ongoing theme and there is an action plan to address this.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
February 2024 – April 2024	67% of all reports received 18 reports
November 2023 - January 2024	68% of all reports received 38 reports
August 2023 – October 2023	53% of all reports received 29 reports
May 2023 – July 2023	54% of all reports received 20 reports

Table 3 Exception Reports not responded to within 7 days

Due to a recent change in building regulations, there has been a delay in the progress of the Doctors Mess. A plan is being produced with the aim of minimising the delay, however, the changes to install the kitchen in the mess will involve some work being required to be undertaken relating to fire compartments and this will need to be reviewed by the building Safety Regulator which will take up to 12 weeks to do. A progress update will be provided in the next report. Unfortunately, it is unlikely that the Mess will be ready for the new cohort of doctors in August 2024 which is particularly disappointing.

No periods of Industrial Action have been undertaken during this period. It is understood that talks are currently taking place between the government and the BMA assisted by a mediator. Concern has been raised regarding the impact that periods of industrial action are having on training, and this has been acknowledged nationally.

As can be seen from the immediate safety concern data, there is one concern relating to cover within Acute Medicine late in the afternoon which has been addressed by the Department. The pilot has been concluded where the Hospital out of Hours Team support the service with coordinating the allocation of work to the doctors. The doctors found this very beneficial for them, there were fewer interruptions, and they were able to be more efficient, felt less stressed and the shifts were more organised. Although the pilot has concluded, this method of working has continued.

Further work is required to ensure that there is a team approach across all disciplines and roles and responsibilities are clearly defined in managing the workload in this way and this is being taken forward by the Director of Postgraduate Education with the Division and will involve the Guardian of Safe Working. Updates will be provided in future reports.

As part of the national training numbers expansion programme, the Trust has been allocated an additional 15 Foundation Year 1 doctors in August 2024. This constitutes 5 posts in total. Each post will have a doctor working 4 months in a Medical Specialty, 4 months in a Surgical Specialty and 4 months in another specialty, e.g., Sexual Health, Radiology, Psychiatry etc. The plan for the rotations is currently being worked through with the Foundation Programme Director.

A letter has been sent to all Trusts from the Executive within NHS England noting several actions that Trusts have been asked to take to improve the working lives of doctors in training. A paper has been produced to describe the actions and the progress against the actions to date. A copy of which can be found at appendix 2.

The Director of Medical Education is also in the process of producing a gap analysis looking at best practise in the areas described in the letter and how the Trust benchmarks against those requirements. A meeting will take place with all stakeholders and an action plan will be developed and updates will be provided in the next report.

Conclusion

- Note that the largest number of exception reports have been received from the Division of Medicine, closely followed by the Division of Surgery, Anaesthetics and Critical Care.
- Most Exception reports are being received from Foundation Year 2 doctors.
- The pilot has been concluded, however, the Hospital out of Hours team are supporting Acute Medicine and this approach has been welcomed by the junior doctors.
- There are still very small numbers of exception reports being received from St3+ doctors.
- Progress relating to the new junior doctor's mess has been delayed due to recent changes to building regulations.
- A paper has been produced outlining the actions that the Trust is taking in relation to Improving Working Lives for Junior Doctors and further work is planned in this area.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report to be taken forward.

Action/Issue	Action Taken (to be taken)	Date of completion
Junior Doctors Mess has been delayed due to building regulation changes.	Task and Finish Group in place involving key stakeholders to manage this transition	On going
Concerns have been raised by trainees relating to Acute Medicine	The Hospital out of Hours approach has continued beyond the pilot. Further work is being undertaken on roles and responsibilities in managing the workload	Update on progress to be provided in the next report.
A paper has been produced outlining the actions that the Trust is taking in relation to Improving Working Lives for Junior Doctors and further work is planned in this area.	A meeting will take place with all stakeholders and an action plan will be developed. An update will be provided in the next report in August.	Update on progress to be provided in the next report.

Appendix 2

Improving Working Lives of Doctors in Training

Background

Improving the Working lives of NHS staff and junior doctors particularly is a key strategic priority in the NHS Long Term workforce Plan and more recently in the NHS Priorities and Operational Planning Guidance for 2024/25. The evidence is clear that supported staff deliver better services for patients, improved productivity and remain with the organisation longer.

Some concerns have been raised by doctors in training, these concerns relate to rotations across Trusts which mean that doctors in training can experience low levels of choice and flexibility of when and where they work, high levels of uncertainty and competition about the next steps on the training pathway, duplicate inductions, and unacceptable pay errors as they move between employers. As well as frustration and lost productivity, this can result in a reduced sense of belonging making it more difficult to retain the medical workforce of the future.

A letter has been sent from the Executive within NHS England noting a number of actions that Trusts have been asked to take to improve the working lives of doctors in training.

The purpose of this paper is to describe the actions, the progress against those actions and further action to be taken in the future by both the Medical Workforce Team and the Medical Education Team in response to this request.

Rota Management and Redeployment

Work schedules are provided at least 8 weeks in advance and finalised duty rosters are sent out six weeks in advance to trainees. Although this KPI is not monitored nationally, currently, it is monitored across the Trust for each rotational change.

All services are asked to review their rotas on an annual basis to ensure they meet the needs of both the trainees and the services going forwards. Any changes to rotas are made in conjunction with the Trainees whilst ensuring that the Good Rostering Guide is adhered to.

The Trust uses the Allocate system for the purposes of both building rotas and rostering rotas.

Any changes that are made with less than 6 weeks' notice are always made in conjunction with the Trainees, this was the case for the last rota change during COVID where the Medical Director and Clinical Chairs discussed the proposed changes to the rota and the rationale for the changes with the doctors.

Duplicate Inductions and Pay Errors

As part of the onboarding, doctors in training are written to as soon as the Trust is aware that they will be rotating to Sherwood Forest Hospitals with what they can expect to receive from the teams in terms of communication, and the importance of providing the information in a timely manner. Opportunities are taken to talk to the doctors about the amount of information received, the method of communication and the timeliness. The feedback received was positive.

The Medical Workforce Team aim to ensure that all payroll documentation is processed, and the doctors are on the payroll prior to commencing in their post. The payroll errors for doctors in training are few and any errors are given the highest priority to ensure they are resolved as soon as possible. Those inputting the payroll information do have a good understanding of the junior doctors' contract and the associated pay elements and where an error does occur, they are able to respond swiftly. Going forward, payroll errors will be incorporated into the Medical Workforce report that is presented to the People Committee and the Trust board.

Creating a Sense of Value and Belonging

Protecting Training time for Learners and Educators

There are mechanisms in place within Medical Education/Medical Workforce to ensure that training time is protected for both learners and educators. The educators have time clearly identified in job plans and training time is clearly identified on the rosters for the doctors in training to ensure that it is known when doctors will not be available due to teaching/training. Where there are organisational pressures that may require changes to be made to the above these are responded to as appropriate.

On-Boarding

The on-boarding process is currently being reviewed by the Medical Education Team. The aim is to ensure that the doctors receive all the information they need to know on day 1 to start their job. The method of communication is how they would like to receive that information. The Trust is keen for the doctors to be excited and enthusiastic about working with "Team SFH" and not feeling tired and suffering from information overload at the end of day one. Other information that the doctors in training need to be aware of but will not need to know of their first day will be communicated to them after day 1.

Alignment to the Core Skills Training Framework/E learning

The Trust has adopted the Core Skills Training Framework. Further alignment with e-learning for Health is currently being reviewed in line with national requirements for implementation by the end of October 2024.

NHS Digital Staff Passport

The Trust is a pilot site for the Digital Staff Passport and implementation will be undertaken in line with the national timescales. Trust governance processes in relation to the passport are currently being worked through.

Improving the Experience of Trainees

Action plans have been developed following the completion of the National Training and Education Survey and the GMC Survey. The progress against actions is taken through the relevant Medical Education forums and will be included in future Trust board Medical Workforce Reports.

Senior Named Individual

The Medical Director and Director of People will have joint responsibility for overseeing the implementation of these actions. This will be achieved by regular reports on progress to the People Cabinet, People Committee, the Guardian of Safe Working Report and the Medical Workforce Report that is presented to the Trust Board bi-annually.

Conclusion and Recommendations

The Board of Directors is asked to seek assurance from this paper, the points in the letter are being taken forward and progress will be monitored on a regular basis through the governance framework in place.