

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	Date: 19 th Nov 2018		
Prepared By:	Sarbpreet Sihota, Guardian of Safe Working Hours			
Approved By:	N/A			
Presented By:	Sarbpreet Sihota, Guardian of Safe Working Hours			
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 2018 until end October 2018. 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.				

There have been 65 exception reports in this quarter related to safe working with the majority coming from juniors doctors working in the medical division. These are fewer than the same quarter last year. There has been a significant increase in the length of time between raising an exception report and an initial meeting with the supervisor and also overdue reports. This seems to be related to email addresses not being updated on the software since the transfer to NHS mail 2.

There continue to be few work schedule reviews as a consequence of exception reporting. Reassuringly the post vacancy rates remains low as gaps are supported by the clinical fellow programme. However centralisation of data of locums filling vacant shifts is not available centrally.

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

Guardian of Safe Working Hours Quarterly Report

Date: 19th Nov 2018

Author: Sarbpreet Sihota, Guardian of Safe Working Hours (GSWH)

Introduction

This report provides an update on exception reporting data, with regard to working hours from August 2018 to the end of October 2018.

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):	189
Number of doctors in training on 2016 TCS (total):	189
Number of training posts unfilled by a doctor in training:	8
Number of unfilled training posts filled by a clinical fellow/locum:	6
Total number of non-training junior doctors including teaching fellows	39
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 2018 (with regard to working hours)

The data from August 2018 until the end of October 2018 show there have been 66 exception reports (for 77 exceptions) in total for working hours and education. Of these exception reports 1 is related to education with 65 related specifically to safe working hours. Of the 65 exception reports, 57 were due to working additional hours, 4 were due to concerns around the rota pattern, and 4 were related to service support. By month there were 17 in August 2018, 23 in September 2018 and 25 in October 2018.

Of these 65 exception reports 38 (58%) have been closed with 27 (42%) still open and these are all overdue. Of the 27 overdue exception reports 18 still have not had an initial meeting with their supervisor and the remaining 9 that have had an initial meeting are either unresolved or waiting for doctor agreement. For the 4 unresolved exception reports an outcome has been arrived at and it is uncertain why labelled as unresolved as this has not been escalated to a work schedule review as would be required with a unresolved issue.

For the 47 exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 13 days. This is significantly longer than previously since the 2016 contract implementation where the median time to the first meeting ranged between 4 and 7 days. The explanation for this, as well as the number of overdue reports, seems to be that the old email addresses registered on the Allocate software were previous trust email addresses for consultants and not NHS Mail 2 to which all staff accounts have been migrated to in the past year, with the forwarding of emails from old addresses ceasing in the past few months. HR are reminding consultants to ensure they update their details on the Allocate software.

Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 72% 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: 23 with time off in lieu (TOIL), 17 with additional payment, and 6 with no further action. Whereas the Allocate software used to raise exception reports does document the outcome it continues to not have a facility that is able to link to the eRota to confirm TOIL has actually been taken or additional payment received.

Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	6	14	0	20
Surgical	General Surgery	7	2	0	9
	Trauma & Orthopaedics	0	5	1	6
	Anaesthetics	0	2	1	3
Women & Children's	Obstetrics & Gynaecology	2	1	0	3
	Paediatrics	0	2	6	8
Urgent and Emergency Care	Emergency Medicine	0	3	0	3
	Acute Medicine*	4	8	1	13
Total per Grade		19	37	9	65

Table 1 Exception Reports for Working Hours by Division

**Acute medicine shifts involve doctors from medical division*

The majority of the exception reports received during this period - 33 (51%) 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 33 exception reports, 13 were whilst doing acute medicine shifts and 20 whilst doing specialty specific or ward based work (Table 1) (Figure 1).

10 of the exception reports have come from the Foundation year 1 doctors, 22 from the core trainees within the Division and 1 from the ST3+ trainees. Other specialties had

between 3 and 9 exception reports during this period with their being no exception reports from ENT, Radiology, Ophthalmology and GUM, each of which have very few junior doctors in training.

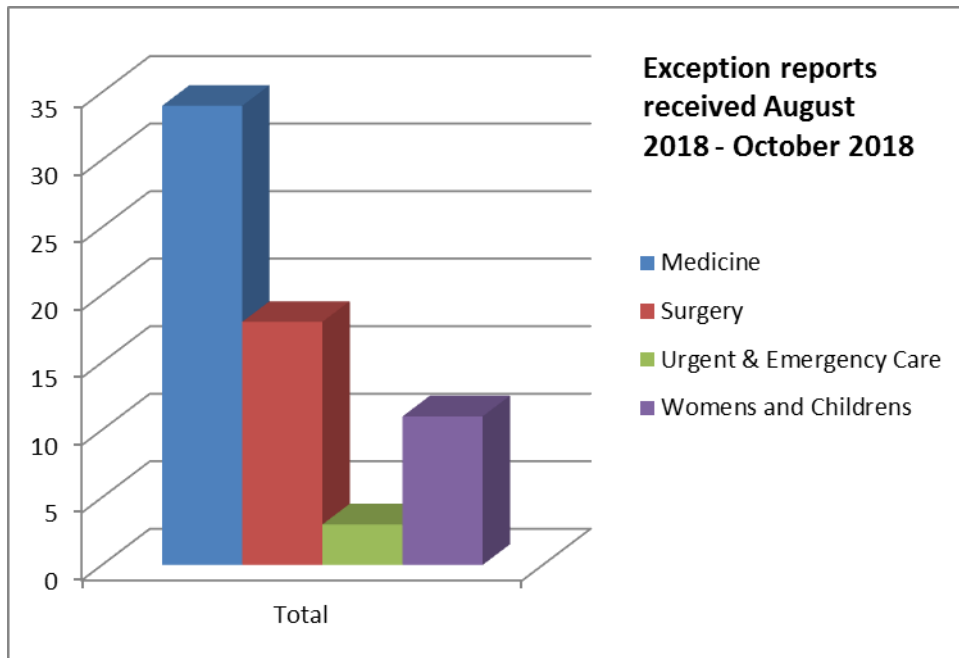


Figure 1 Exception reports by division of junior doctor

The proportion of exception reports could also be compared to the relative number of junior doctors in each division (Table 2).

Division of junior doctor	% of total exception reports Aug-Oct 2018	% of junior doctors working in that division
Medicine	51	30
Surgery	28	35
Women and Children's	17	23
Urgent and Emergency care	4	10
Diagnostics and Outpatients	0	2

Table 2. Comparison of percentage of exception reports by division of junior doctor and percentage of doctors in that division of total.

This comparison is difficult to interpret however as there is variation in proportion of acute work; there may be some divisions that promote exception reporting and under reporting in others.

Compared to August 2017 – October 2017 the number of exception reports for safe working has decreased from 94 last year to 65 for the same period this year (Figure 2) (Figure 3). However qualitative feedback is that there is ongoing under-reporting.

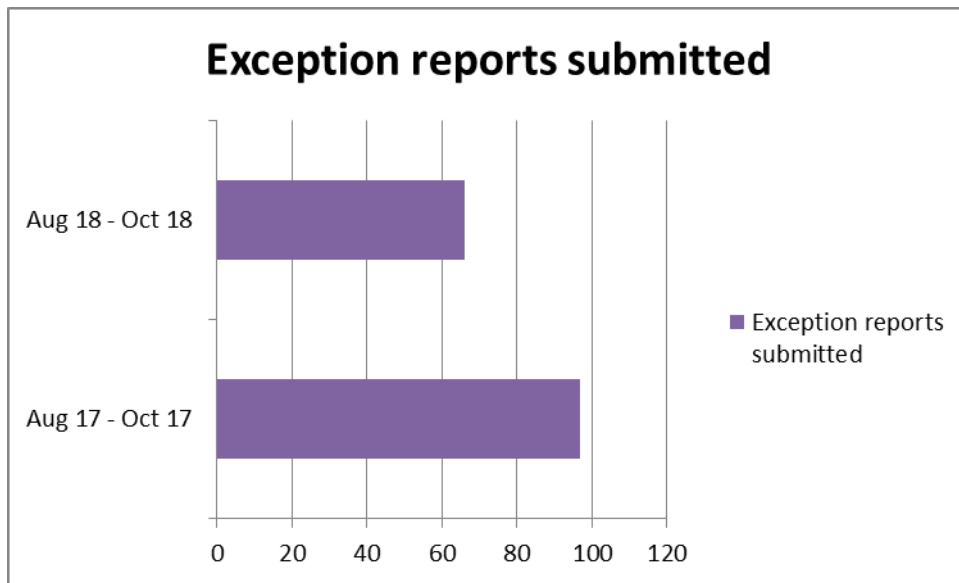


Figure 2. Comparison of number of exception reports for the same quarter between 2017 and 2018

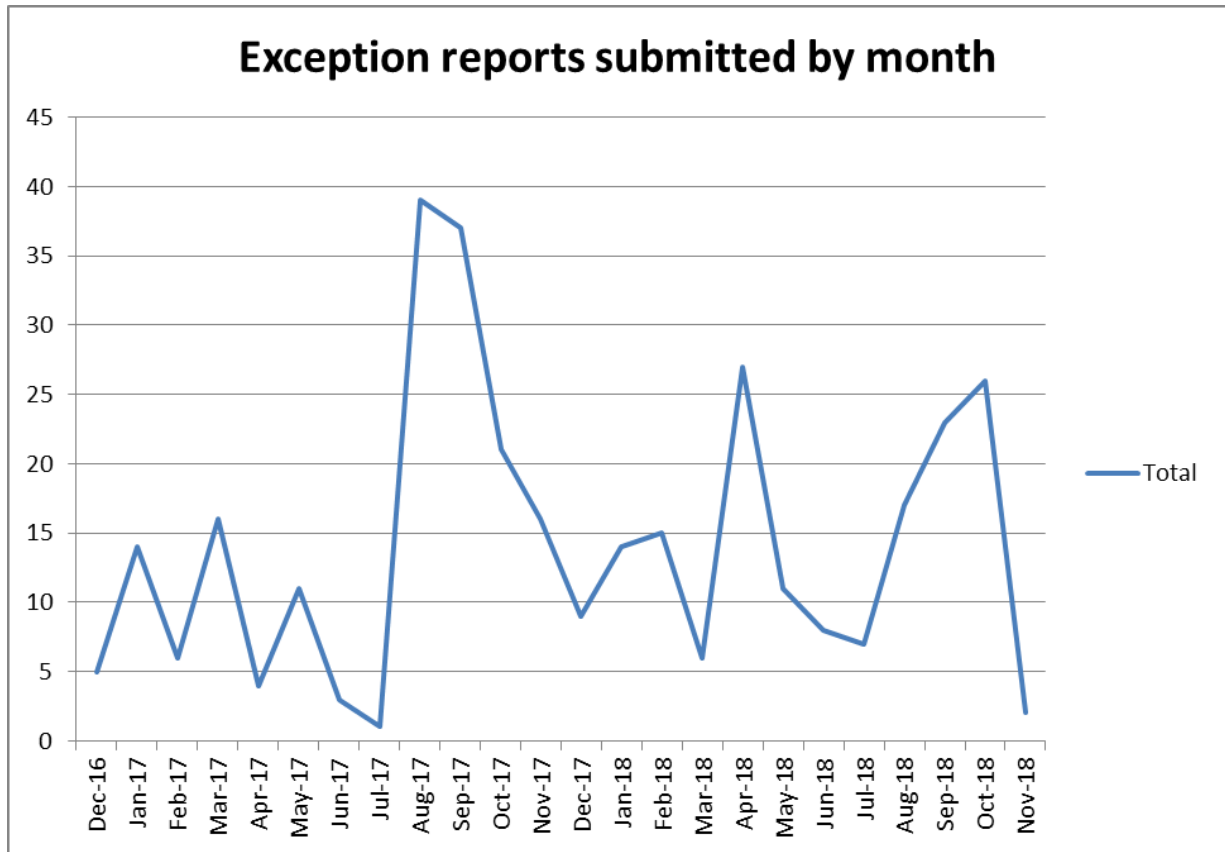


Figure 3. Number of Exception reports by month since 2016 Junior Doctors' Contract implementation (Nov 2018 incomplete).

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 29%, 57% and 14% respectively. Again this is difficult to interpret but an explanation could be that F1 doctors are new to the workplace so have a greater proportion of exception reports but also, as reported at the national guardians of safe working meeting, 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.

Work Schedule Reviews

There have been two work schedule reviews. One was in Trauma and Orthopaedics that has resulted in a change in rota for all doctors at that tier, from the next rotation in December 2018. The Guardian of Safe Working has been informed of the proposed change and this is still compliant, and suggested that the views of the current junior doctors working that rota should be obtained for their assent and feedback whether the

new rota would solve existing issues. The second work schedule review has been suggested by the Guardian of Safe Working so that mandatory teaching can be factored in to the work schedule of a specific doctor in Urgent and Emergency Care. This is still pending.

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 by the Guardian of Safe Working this quarter. The fund remains at £608.39 for the Junior Doctors' Forum to decide on how to use.

Vacancies

8 of the 189 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 39 non-training posts including teaching fellow posts. The impact of the clinical fellow programme has been to reduce vacancy rates that had previously been 10-15% consistently.

Information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors, is not being collated centrally currently, for the availability of the Guardian of Safe Working. This is a requirement.

Qualitative information

As in other trusts, and reported at the national guardians meeting, there remains concern that the exception reports received do not represent the working practices at the Trust and there is under-reporting. As stated in the previous annual report the number of exception reports did not increase as expected during the last winter period. Feedback to the Guardian of safe Working has been that there is under-reporting. The trust needs to continue to promote exception reporting as the norm.

Ongoing exception reporting training is being provided for Consultants and junior doctors where required, and information including national guidance and hints and tips is

published on the Trust intranet. There is also discussion regarding having a dedicated webpage where information is more easily accessible.

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

The guardian of safe working now has a monthly drop-in session for junior doctors and consultants as well.

The Guardian of Safe Working had become aware of an instance where a junior doctor had to swap shifts so a colleague could take leave resulting in junior doctor breaching the rota rules. At the Junior Doctors' Forum the Guardian reminded doctors that good rota design should allow adequate leave to be taken and that if swaps were being arranged, that resulted in a breach of safe rota rules then a rota re-design may be required and junior doctors needed to avoid swapping into this scenario. If it was unavoidable then the Guardian would have to be informed in advance.

The Guardian also informed the Junior Doctors' Forum that mandatory training needed to be included in hours worked and the importance of having a personalised work schedule discussed with their supervisor accommodating this, as doctors of differing training programmes with differing educational goals could be working the same rota.

Issues arising

The Medical Workforce Lead, the rota coordinator for Medicine and the Management Registrar within Medicine are meeting to review the rota for April onwards and an update of the position will be provided to the Medical Taskforce meeting. The rota will need to be submitted for review by the Guardian of Safe Working.

A concern has been raised by a junior doctor in Medicine regarding the exception reporting process being at variance to the TCS of the contract. Specifically in medicine the arrangement is that during the acute medicine take the exception report should be sent to the supervising consultant at the time as they are better placed to comment on any issues that occurred during that shift. NHS Employers advice does state that in some circumstances that the Clinical Supervisor may be the more suitable recipient of the exception report. This was added to the agenda for the division specific junior

doctors' forum on 12th November 2018, but due to this not being quorate had to be re-arranged.

There is some concern that the work schedules are not being used as live documents. A system is being put in place by the Medical Workforce Team to remind junior doctors to meet with their Educational supervisor and request that the personalised work schedule is uploaded to their e-portfolio following that meeting.

Recommendations

- Both junior doctors and consultants to continue to be supported with the exception reporting process.
- Development of and support of a web-page for more easily accessible information.
- All junior doctors require a detailed work schedule to be completed with their supervisor within four weeks of starting. The Guardian has recommended that a system is established to remind trainees and Educational Supervisors to ensure this meeting takes place and the work schedule is personalised. Currently from feedback received this is not being done and needs to be continued to be supported/promoted.
- A review of the coverage of the junior doctors' rota in medicine is underway and when the proposal is available the Guardian will need to review this.
- Information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors, needs to be collated centrally for the availability of the Guardian of Safe Working.

Conclusion

There 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; for these to be addressed in a timely manner by supervisors; and ongoing focus on personalising work schedules.

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Guardian of Safe Working

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