Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	**Date:** 21st Feb 2019	
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 November 2018 until end of January 2019. The report shows trends 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 51 exception reports in this quarter related to safe working with again the majority coming from junior doctors working in the medical division. These are more than the same quarter last year. However there are low numbers form acute medicine shifts, which may suggest under-reporting, as more would be expected during this busier period. Senior trainees continue to raise very few exception reports.

There has been an improvement in the length of time between raising an exception report and an initial meeting with the supervisor and also in proportion of exception reports closed.

There continue to be few work schedule reviews as a consequence of exception reporting even when there are recurrent issues.

Reassuringly the post vacancy rates remain low as gaps are supported by the clinical fellow programme. The number of unfilled shifts is also low reflecting forward planning and anticipation of vacant shifts in advance.

The medical workforce team have worked on improving the process of junior doctors getting additional payment that was previously fed back by junior doctors as being cumbersome. Hopefully this will result in improved engagement in exception reporting. Junior doctors' forum attendance improved for the last meeting on 21st February 2019. From qualitative feedback there remains the concern 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.

It is recommended that junior doctors and consultants continue to be supported with the exception reporting process and find adequate time to address issues raised. It is recommended that there is ongoing focus on junior doctors completing detailed work schedules.

Overall there has been an improvement in the process of exception reporting in comparison to the last quarter but ongoing focus on engagement of junior staff with the process and also raising issues related to safe working is required.

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Guardian of Safe Working Hours Quarterly Report

Date: 21 February 2019

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 November 2018 to the end of January 2019. It is important to note that all junior doctors in training are now on the 2016 Junior Doctors contract.

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):	191
Number of doctors in training on 2016 TCS (total):	191
Number of training posts unfilled by a doctor in training:	5
Number of unfilled training posts filled by a clinical fellow/locum:	0
Total number of non-training junior doctors including teaching fellows	40
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 November 2018 (with regard to working hours)

The data from November 2018 show that there have been 51 exception reports in total. Of the 51 exception reports, 48 were due to working additional hours and 3 were related to service support. By month there were 7 in November 2018, 10 in December 2018 and 34 in January 2019.

Of these 51 exception reports, 34 (67%) have been closed with 17 (33%) still open and these are all overdue. Of the 17 overdue exception reports 5 still have not had an initial meeting with their supervisor, 6 are at the stage of level 1 work schedule (all for the same doctor for a recurring issue) and the remaining 6 have had an initial meeting are either unresolved or waiting for doctor agreement. For the 5 unresolved exception reports an outcome has been arrived at and it is uncertain why this is labelled as unresolved as this has not been escalated to a work schedule review as would be required with an unresolved issue. This is an improvement from the last quarter of August to October 2018 where only 38% of exception reports had been closed.

For the 46 exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 6 days. This has improved from the median of 13 days for August to October 2018. The likely explanation for the improved number of closed reports and shorter median time to first meeting is because consultants have now updated their email addresses on the Allocate software. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 43% of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. The corresponding figure for August to October 2018 was 72%.

Where an outcome has been suggested these are: 17 with time off in lieu (TOIL), 22 with additional payment, and 1 with no further action. The recent updates to the Allocate software used to raise exception reports does document the outcome but 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.

The majority of the exception reports received during this period - 37 (63%) in total - are from junior doctors working in the medical division (Table 1) (Figure 1). 6 of the exception reports have come from the Foundation year 1 doctors, and 31 from the core trainees within the division while there were none from the ST3+ trainees. All of the above exception reports apart from 3 were related to working hours. Although the doctors are within the medical division their acute medicine shifts fall under Urgent and

Emergency Care. Therefore of the 37 exception reports, 4 were whilst doing acute medicine shifts and 31 whilst doing specialty specific or ward based work (Table 1). This is surprising as more would be expected during acute medicine shifts during busier months and could be due to under-reporting. Other specialties had between 1 and 8 exception reports during this period with their being no exception reports from Emergency Medicine, Radiology, Ophthalmology and GUM.

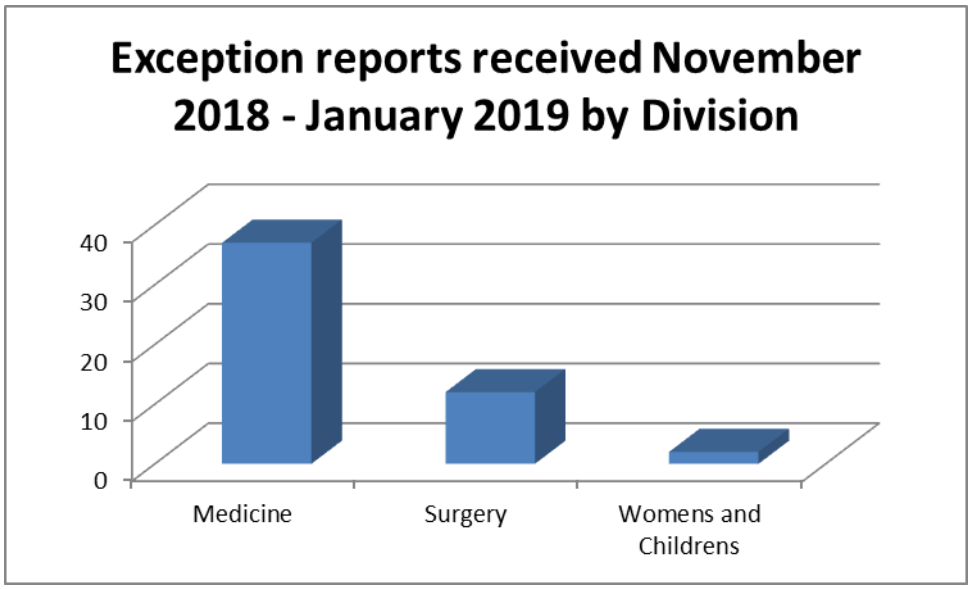

Figure 1 Exception Reports by Division

Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	4	29	0	33
Surgical	General Surgery	8	0	0	8
	Trauma & Orthopaedics	0	1	0	1
	Anaesthetics	0	0	2	2
	ENT	0	1	0	1
Women & Children's	Obstetrics & Gynaecology	0	0	1	1
	Paediatrics	0	1	0	1
Urgent and Emergency Care	Acute Medicine*	2	2	0	4
Total per Grade		14	34	3	51

Table 1 Exception Reports for Working Hours by Division

**Acute medicine shifts involve doctors from medical division*

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 total exception reports Nov 2018 - Jan 2019	% of junior doctors working in that division
Medicine	51	63	30
Surgery	28	23	35
Women and Children's	17	4	23
Urgent and Emergency care	4	0	10
Diagnostics and Outpatients	0	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 November 2017 – January 2018 the number of exception reports has increased from 42 last year to 51 for the same period this year (Figure 2) (Figure 3).

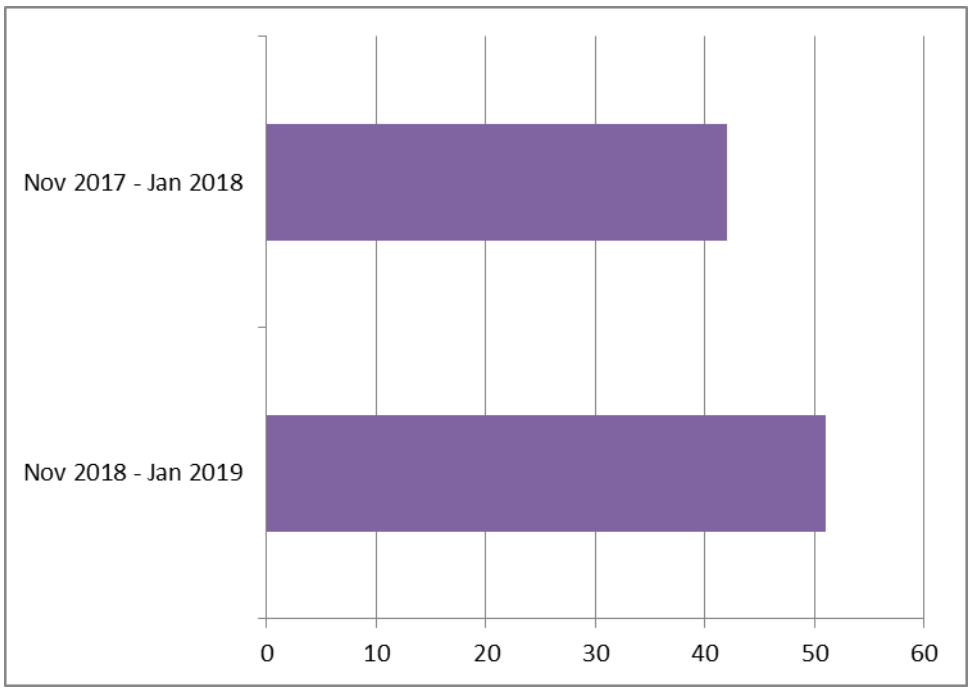

Figure 2. Comparison of number of exception reports for the same quarter between 2017-18 and 2018-19.

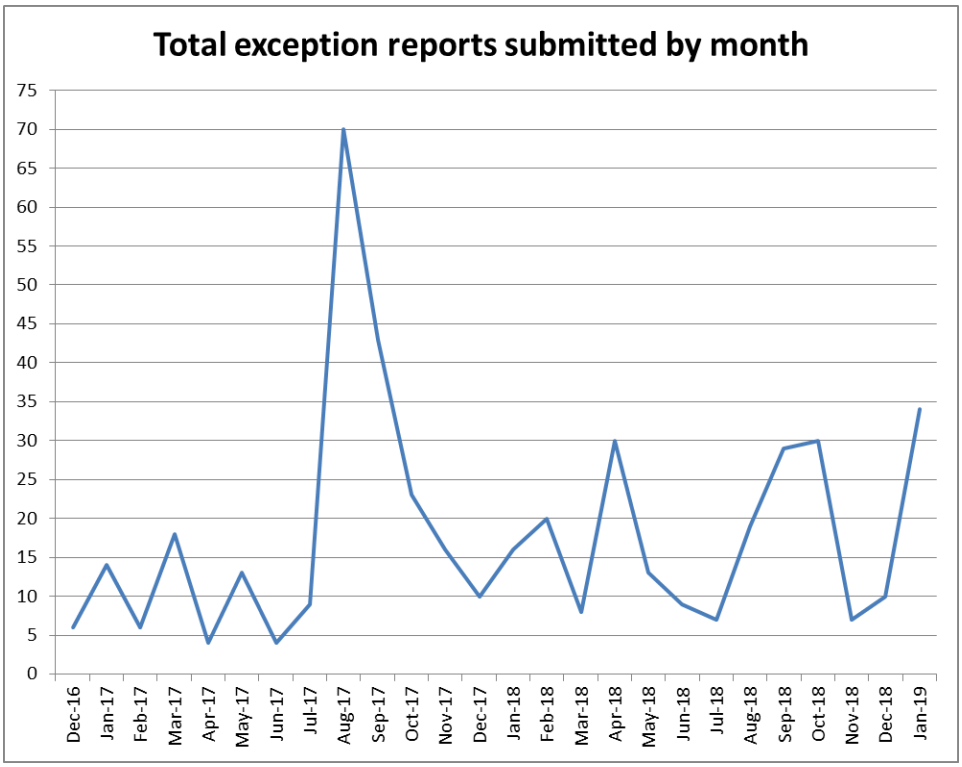

Figure 3. Number of Exception reports by month since 2016 Junior Doctors' Contract implementation.

Currently the proportion of junior doctors in training in each of the three tiers of F1, F2/CT/ST1-2/GPST and ST3+ are 20%, 50% and 30%. However the proportion of total exception reports from each tier are 27%, 67% and 6% respectively (corresponding figures for August to October 2018 were 29%, 57% and 14%). As pointed out in the last quarterly guardian report, from the national guardians of safe working meeting, the lower proportion of more senior doctors in training (ST3+) may reflect the less likelihood of them exception reporting with suggested reasons being: accepting previous ways of working and staying late and being used to the old rota monitoring system.

Work Schedule Reviews

There has been one work schedule review proposed for a doctor in training in Medicine. This is due to multiple exception reports due to hours. This is still at a level 1 work schedule review (i.e. intra department) and was due for an outcome on the 20th February 2019. Verbal feedback, at the Junior Doctors' Forum on 21st February 2019, to the Guardian of Safe Working from the doctor in training has been that this has been resolved and there have been no exceptions since this work schedule review. It has been recommended that these 6 exception reports should therefore be closed. The amended rota in Trauma and Orthopaedics at the junior tier resulting from previous exception reports has resulted in a change in rota for all doctors at that tier, from the next rotation in April 2019. It was initially planned for December 2018 but it was suggested that the views of the current junior doctors working that rota should be obtained for their assent and feedback first and adequate notice be provided.

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. The fund can only be used for the welfare of junior doctors and the Guardian of Safe Working has agreed to the proposal from junior doctors to use the funds to purchase food to try to increase attendance at the Junior Doctors' Forum.

Vacancies in Posts

There are 5 vacancies for training posts: 1 x ST3+ doctor in HCOP, 1 x ST3+ doctors in Stroke Medicine, 1 x core medical training doctor in stroke medicine, 2 x ST3+ doctors in Emergency Medicine. The number of non-training grade doctors (including the clinical fellow programme that the trust has invested in) is 40. The clinical fellow programme largely supports the medicine division. Vacancy rates remain lower than in previous years – currently <7%, previously persistently 10-15%.

Vacancies in Shifts

Shift vacancy information has been obtained from the Bank system extracted by the temporary staffing office. In total there were 14 junior doctor shifts that were unfilled during the period November 2018 to January 2019. 10 of these were in medicine. These 10 include 2 for acute medicine shifts and 2 for the winter pressure ward that are additional shifts during the busier months and not part of the standard rota. The other 4 unfilled shifts were for Emergency Medicine.

There were a total of 883 filled junior doctor bank shifts during November 2018 to January 2019 with the proportions being: Emergency Medicine 44%, Acute Medicine 15%, Paediatrics 8%, Obstetrics and Gynaecology 3%, General Surgery 6%, Trauma and Orthopaedics 13%, Medicine 8%,.others 3%. Some of these shifts include additional shifts to address the busier winter period and would not ordinarily be part of a roster, for example, the winter pressure ward in Medicine. With a forward view and anticipation of shifts to be filled it looks as though the majority are being filled in advance leaving few gaps. The Guardian of Safe Working will be liaising with the temporary staffing to look at whether, going forwards, the information provided will also be able to provide details of where senior staff have 'acted-down' to fill vacant shifts.

Qualitative information

In addition to being contacted in person and via email the Guardian of Safe Working has been running dedicated monthly drop in sessions for junior doctors and supervisors to raise or discuss any issues regarding safe working hours. The Junior Doctors' Forum (JDF) on 21st February 2019 was well attended. The exception reporting process is a standing item on the JDF agenda for all specialties which gives all junior doctors a

chance to raise any issues and to encourage doctors to submit exception reports. An issue regarding working in a department in the division of Medicine was raised, with the Guardian of Safe Working contacting the departmental lead and recommending a work schedule review for junior doctors in that department. Doctors were reminded that they should exception report, and for recurrent issues they should request a work schedule review as well. From the qualitative feedback there remains the concern that the exception reports received do not represent the working practices at the Trust. The Trust has been busy over the winter period and as in past years the expectation was that the number of exception reports would be higher than had been received.

This seems to have improved over the last month with the number of exception reports increasing as doctors are encouraged to exception report when required.

The processing of the exception reports being received continues to be supported by a member of the Medical Workforce Team who sends reminders to supervisors and trainees regarding outstanding exception reports, and reports are sent monthly to the Clinical Chairs and Divisional General Managers providing an overview of the exception reports received to date by rota.

Junior doctors have fed back that the process of claiming additional payment is cumbersome. The Medical Workforce Team have worked to make this easier with, from April, the plan for monthly reports being sent directly to finance for additional payment. Training continues to be provided for consultants and junior doctors where required, and information including national guidance and hints and tips is published on the Trust intranet on a dedicated 'exception reporting' webpage.

Outside of the exception reporting process which is specific for education and safe working hours, pre-existing systems arranged by the DME and the medical education department continue that encourage junior doctors to raise issues.

A SurveyMonkey questionnaire was sent in Jan 2019 to all consultants at the Trust asking for feedback on the exception reporting process and the 2016 junior doctors' contract. A similar survey was sent to junior doctors last year. Only 14 consultants responded.

Results of consultant survey in summary:

- 86% did meet their trainees to do an individualised work schedule
- 50% had completed the eLearning for Health *Educational and Clinical Supervisors* module (a resource that supports supervisors in fulfilling their roles in relation to work scheduling, exception reporting and workplace reviews)
- 93% felt clear on how to respond to an exception report
- 92% were clear on their departmental arrangements on exception reporting
- 8% only said they could always meet their trainees within 7 days of the exception report being raised as stipulated in the 2016 contract
- 85% knew what the process of a work schedule review was

The themes of the comments received from consultants were:

- Time issues – comments received indicated that the process of exception reporting and responding was time consuming and it was difficult to arrange a meeting with the junior doctor because of shift patterns
- Effectiveness – comments received indicated that it was felt that a work schedule review was difficult to implement with the process likely not having any impact until after the junior doctor had left; and that the supervisor sometimes had little influence over problems identified
- Limited applicability – comments received indicated that exception reporting should rolled out to all junior doctors including those not in a training post, like clinical fellows, to have a wider impact

Recommendations

- Both junior doctors and consultants to continue to be supported with the exception reporting process and find adequate time to address issues raised
- Detailed work schedule completion to continue to be supported and promoted and completed by junior doctors with their supervisor within four weeks of starting their placement.
- With regards to the high number of exception reports in medicine – the trend following the implementation of the review of the junior doctors' rota (by the

medical workforce lead, the rota coordinator for medicine and the management registrar within medicine) will need to be monitored.

- The Guardian of Safe Working Hours will be liaising with the temporary staffing to look at whether, going forwards, the information provided bank system will also be able to provide details of where senior staff have 'acted-down' to fill vacant shifts, and see if data can differentiate more clearly which rotas had the posts requiring filling.

Conclusion

There has been an improvement in the process of exception reporting in the last three months with greater numbers being completed and a reduction in time to supervisor meeting. When the process is followed correctly, for example with the level 1 work schedule review in medicine, improvement in the doctors training and experience does ensue. However there remains the impression, from qualitative feedback, that ongoing under-reporting is continuing and there needs to be ongoing focus on encouraging engagement with the process.

Sarbpreet Sihota
Guardian of Safe Working
Sherwood Forest Hospitals NHS Trust