

## Board of Directors Meeting in Public

<b>Subject:</b>	Guardian of Safe Working Hours Report	<b>Date:</b> 29 May 2019		
<b>Prepared By:</b>	Sarbpreet Sihota, Guardian of Safe Working Hours			
<b>Approved By:</b>				
<b>Presented By:</b>	Sarbpreet Sihota / Andy Haynes			
<b>Purpose</b>				
Mandatory requirement for assurance of safe working as per Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.			<b>Decision</b>	
			<b>Approval</b>	
			<b>Assurance</b>	<b>X</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>
<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		<b>X</b>		
<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 staffing of junior doctor rotas are required to deliver the service and achieve patient outcomes			
<b>Staff Impact</b>	Engagement with exception reporting and the Terms and Conditions of Service of the 2016 contract is required to retain junior doctors in training posts.			
<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; this is required so that junior doctors feel this is a trust where they can achieve their training outcomes.			
<b>Committees/groups where this item has been presented before</b>				
Due to be presented at Local Negotiating Committee after Trust Board presentation.				
<b>Executive Summary</b>				
The Guardian of Safe Working Hours report provides detail of the exception reports received from February 2019 until end April 2019. The report shows where trends are 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 56 exception reports in this quarter with again the majority coming from junior doctors working in the medical division. These are similar in number to the last quarter and the same quarter last year. Previously there was concern that there were low numbers from acute medicine shifts, which may suggest under-reporting, the total number for these shifts has increased slightly. Senior trainees continue to raise very few exception reports, as is the pattern nationally.

The length of time between raising an exception report and an initial meeting with the supervisor remains static with a median of 7 days with the TCS of the 2016 Junior Doctors' Contract stating this should be within 7 days.

There continue to be few work schedule reviews as a consequence of exception reporting even when there are recurrent issues and the Guardian of Safe Working Hours is working on a template to aid junior doctors and supervisors with this process.

Post vacancy rates remain low (3%) as gaps are supported by the clinical fellow programme. The number of unfilled shifts also remains low (total of 20 in last quarter) reflecting the positive effect of forward planning and anticipation of vacant shifts in advance.

It is recommended that junior doctors and supervisors continue to be supported with the exception reporting process and have adequate time to meet to address issues raised. It is recommended that there is on-going focus on junior doctors completing detailed work schedules. The outcome of the focused work that has been done on reviewing the medical rota, where the majority of exception reports are being raised, is awaited with the hope that it will address issues related to safe working hours in this division.

## Guardian of Safe Working Hours Quarterly Report

**Date: 29 May 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 February 2019 to the end of April 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):	189
Number of doctors in training on 2016 TCS (total):	189
Number of training posts unfilled by a doctor in training:	6
Number of unfilled training posts filled by a clinical fellow/locum:	0
Total number of non-training junior doctors including teaching fellows	30.5
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 February 2019 to April 2019

The data from February 2019 shows that there have been 56 exception reports in total. Of the 56 exception reports, 42 were due to working additional hours (41 due to overtime and 1 due to impact on rest), 7 were related to service support, 5 were related to education and 2 were related to the working pattern. By month there were 24 in February; 18 in March and 14 in April (Table 1.)

Month	Type of Exception Report				Total per month
	Hours	Service Support	Education	Pattern	
February	17	4	3	0	24
March	13	1	2	2	18
April	12	2	0	0	14
Total per type	42	7	5	3	56

Table 1 Exception Reports for Feb-Apr 2019 by month and type

Of the 56 exception reports 36 (64%) have been closed with 20 (36%) still open and overdue. Of the 20 overdue exception reports 15 have not had an initial meeting with their supervisor, and 5 have had an initial meeting but are unresolved. For the 5 unresolved exception reports an outcome has been arrived at and it is uncertain why this is labelled as unresolved as these have not been escalated to a work schedule review as would be required following the pathway for an unresolved issue. The figures are similar to the last quarter 67% of exception reports had been closed.

For the 41 exception reports that have had an initial meeting with their supervisor the median time to first meeting is 7 days. This was 6 days in the last quarter.

Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 62% 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% and for November 2018 to January 2019 43%. Qualitative

feedback is that it can be difficult to arrange times to meet within this 7 day window as there may be leave or rest days after on call periods when exceptions can occur. The junior doctors and supervisors have been informed that email communication can be used for one-off issues as long as junior doctors felt all relevant issues could be raised this way.

Where an outcome has been suggested these are: 12 with time off in lieu (TOIL), 19 with additional payment, 4 with no further action, 5 with a work schedule review (completed), and 1 with initial decision upheld (related to a previous work schedule review discussion taken place).

The majority of the exception reports received during this period - 41 (73%) in total - are from junior doctors working in the medical division (Table 2) (Figure 1). In this division 15 of the exception reports have come from the Foundation year 1 doctors, and 24 from the core trainees within the division while there are 2 from the ST3+ trainees. 31 of these 41 exception reports were related to working hours. Although the doctors are within the medical division their acute medicine shifts fall under Urgent and Emergency Care. 10 of the exception reports related to hours occurred whilst doing acute medicine shifts and others would have been related to specialty specific or ward based work (Table 2). In the previous quarter there was concern that there was under-reporting during busy acute medicine shifts, this figure of 10 is an improvement on the 4 reports for acute medicine shifts in the last quarter. Other specialties had between 1 and 6 exception reports during this period with there being no exception reports from Emergency Medicine, Radiology, Ophthalmology, Anaesthetics, ENT and GUM.

Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	11	19	1	31
Surgical	General Surgery	4	0	0	4
	Trauma & Orthopaedics	0	5	0	5
Women & Children's	Obstetrics & Gynaecology	0	4	0	4
	Paediatrics	1	0	0	1
Urgent and Emergency Care	Acute Medicine*	4	5	1	10
Total per Grade		20	34	2	56

Table 2 Exception Reports for Working Hours by Division

\*Acute medicine shifts involve doctors from medical division

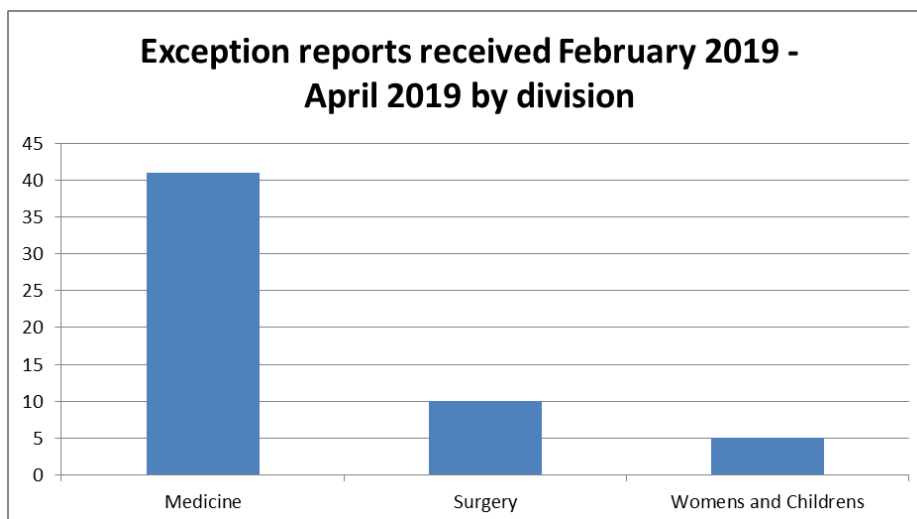


Figure 1 Exception Reports by Division

The proportion of exception reports could also be compared to the relative number of junior doctors in each division (Table 3). 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.

Division of junior doctor	% of total exception reports Aug-Oct 2018	% of total exception reports Nov 2018 - Jan 2019	% of total exception reports Feb 2019 - Apr 2019	% of junior doctors working in that division
Medicine	51	63	73	30
Surgery	28	23	18	35
Women and Children's	17	4	9	23
Urgent and Emergency care	4	0	0	10
Diagnostics and Outpatients	0	0	0	2

Table 3. Comparison of percentage of exception reports by division of junior doctor and percentage of doctors in that division of total.

Compared to February 2018 to April 2018 the number of exception reports has remained similar with 58 last year and 56 for the same period this year. (Figure 2) (Figure 3).

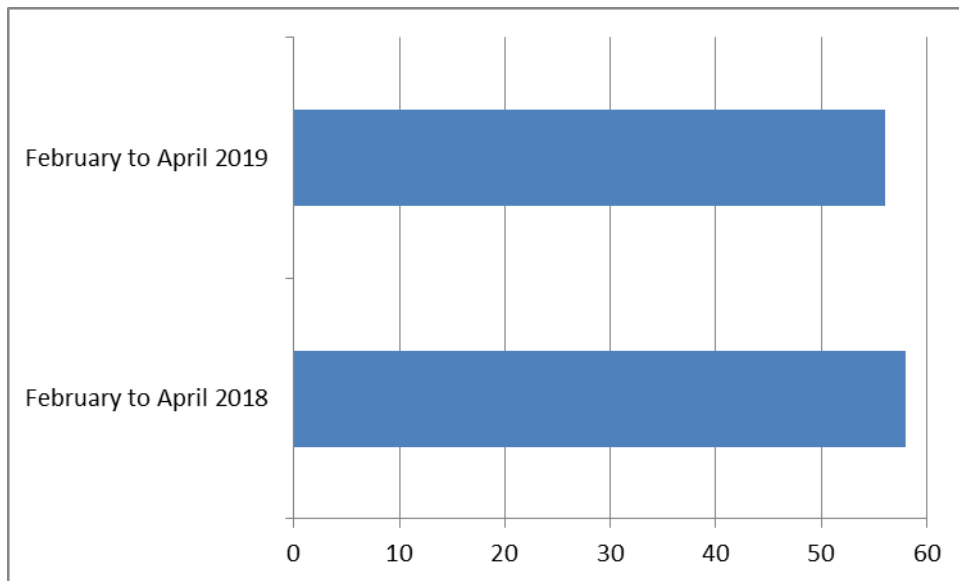


Figure 2. Comparison of number of exception reports for the same quarter between 2017-18 and 2018-19.

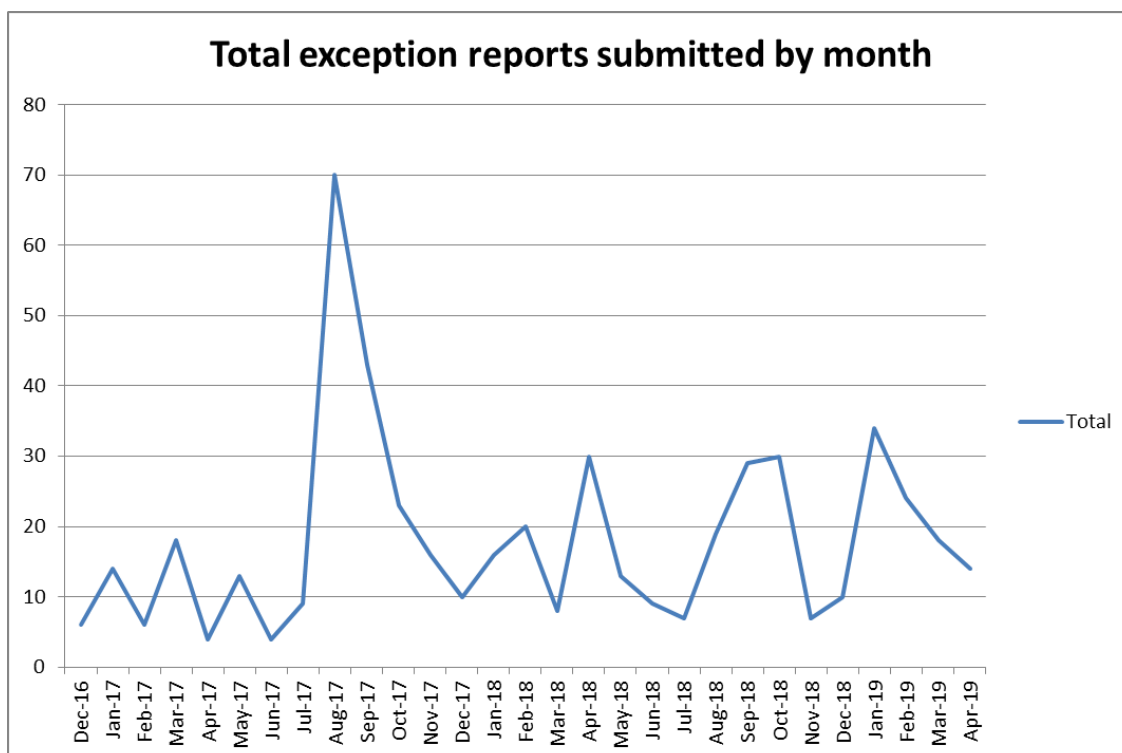


Figure 3. Number of Exception reports by month since 2016 Junior Doctors' Contract implementation.

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 36%, 61% and 3% respectively (corresponding figures for August to October 2018 were 29%, 57% and 14% and for November to January were 27%, 67% and 6%). As pointed out in previous quarterly guardian reports, and 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**

One work schedule review for a doctor in training in Medicine was outstanding at the presentation of the last guardian report. This was due to multiple exception reports due to hours. This was a level 1 work schedule review (i.e. intra department). This was resolved soon after the last guardian report and associated exception reports closed. Five exception reports from the last quarter proceeded to a work schedule review. These were all concerned with one department in Medicine and the Guardian of Safe Working Hours requested that department to carry out a work schedule review regarding all junior doctors working in that department. There seemed to be uncertainty on how to proceed with this so the Guardian is drafting a template to guide how a work schedule review should be done.

Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent, and work schedule reviews are only being done at the request of the Guardian of Safe Working.

### **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 6 vacancies for training posts: 1 x ST3+ doctor in Cardiology, 1 x ST3+ doctors in Stroke Medicine, 1 x core training doctor in Anaesthetics, 3 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 30.5. The clinical fellow programme continues to largely support the medicine division. Vacancy rates remain lower than in previous years – currently at 3%; 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 21 junior doctor shifts that were unfilled during the period November 2018 to January 2019. 6 of these were in medicine. These 6 include 2 for acute medicine shifts and 4 for Haematology at the F2/CT/ST1-2/GPST level. 13 were from Emergency Medicine with 4 being at the Middle Grade level and 9 at the F2/CT/ST1-2/GPST level. 2 shifts were from Ophthalmology at the middle grade level. Despite the largest number of vacant shifts being from Emergency Medicine there were no exception reports from the department.

There were a total of 983 filled junior doctor bank shifts during February 2019 to April 2019 with the proportions being: Emergency Medicine 43%, Acute Medicine 27%, Paediatrics 6%, Obstetrics and Gynaecology 6%, General Surgery 2%, Trauma and Orthopaedics 7%, Medicine 8%, others 1%. In Medicine some of these shifts include additional shifts to address the busier winter period such as the winter pressure ward in Medicine. The on-going anticipation of shifts to be filled looks to be filling gaps in advance leaving few vacant shifts.

### **Qualitative information**

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 numbers attending have dropped off, but reminders are being sent in the bulletin and at the Junior Doctors' Forum (JDF). There has been no JDF since the last Guardian Report with the next scheduled in June 2019. 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. Doctors continue to be reminded that they should exception report, and for recurrent issues they should request a work schedule review as well.

The Guardian has recommended that the medical division should provide annual rotas for doctors in training. Currently as they are moving between their three 4 month placements at the trust they are moving into the rota of the doctor who they are replacing

resulting is a change in pattern every 4 months. This has the potential for creating an uneven rota amongst the same cohort and leading to exceptions particularly related to pattern of working.

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.

From April, the Medical Workforce Team have made the process of additional payment easier with monthly reports being sent directly to finance for additional payment. The Guardian of Safe Working has requested this information is sent to him as well. 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. For the new doctors starting in August the process of exception reporting and a guide to using the software is being added to their e-induction.

The Allocate software for exception reporting has been updated so that the Guardian of Safe Working can now close exception reports as well; for example if outcome agreed but the junior doctor has not closed.

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.

## **Recommendations**

- Junior doctors and consultants to continue to be supported with the exception reporting process and find adequate time to address issues raised. Meeting within 7 days of raising an exception report remains difficult for both the junior doctor and consultant. There needs to be discussion within the divisions of how this can occur.
- 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.

- High numbers of exception reports remain in medicine – 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) is awaited and will not likely occur until December 2019 as 2 months' notice of the pattern of work has to be provided to doctors. The Guardian of Safe Working recommendation regarding this plan will be for an annual rota to be provided to doctors.
- The Guardian of Safe Working Hours will structure a template to aid supervisors and junior doctors to perform a work schedule review.

### **Conclusion**

The number of exception reports remain similar to the last quarter with the numbers from each division being similar as well. Despite improvement in closing exception reports many are being addressed beyond the 7 days recommended in the 2016 Junior Doctors' Contract. When the process is followed correctly, improvement in the doctors training and experience does ensue for example in the departmental work schedule requested by the Guardian of Safe Working. There needs to be on-going focus on encouraging engagement with the process.

***Sarbjpreet Sihota***

***Guardian of Safe Working Hours***

***Sherwood Forest Hospitals NHS Trust***