

**Board of Directors Meeting in Public**

<b>Subject:</b>	Guardian of Safe Working Hours Annual Report		<b>Date:</b> 20 Aug 2019	
<b>Prepared By:</b>	Sarbpreet Sihota, Guardian of Safe Working Hours			
<b>Approved By:</b>				
<b>Presented By:</b>	Rebecca Freeman			
<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>	X
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
X	X	X	X	
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		X		
<b>Risks/Issues</b>				
Indicate the risks or issues created or mitigated through the report				
<b>Financial</b>	<b>Through fines for breaches of safe hours, additional payment and cost of locums for rota gaps.</b>			
<b>Patient Impact</b>	<b>Adequate staffing of junior doctor rotas are required to deliver the service and achieve patient outcomes</b>			
<b>Staff Impact</b>	<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>			
<b>Reputational</b>	<b>Facilitating an environment where there is trust wide engagement</b>			

	<p><b>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></p>
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**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 Annual report provides detail of the exception reports received from 1<sup>st</sup> August 2018 until 6<sup>th</sup> August 2019 with a particular focus on the last quarter as well. 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 on-going support for both the junior doctors and consultants regarding the exception reporting process.

There have been 218 exception reports for the entire year and 45 in the last quarter with again the majority coming from junior doctors working in the medical division. These are similar in number to last year.

The length of time between raising an exception report and an initial meeting with the supervisor improved from the first quarter to the second and third; but has increased again in the last quarter (13 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 has submitted guidance to aid junior doctors and supervisors with this process. This needs to be discussed at an upcoming LNC meeting.

Post vacancy rates remain low (6% at the time of the report) and 3% in the last quarter and gaps are supported by the clinical fellow programme. The number of unfilled shifts also remains low (total of 40 in last quarter) reflecting the positive effect of forward planning and anticipation of vacant shifts in advance. However the total number of shifts being filled through the bank system data is rising.

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 which is feedback as being difficult to do. It is recommended that there is on-going focus on junior doctors completing detailed work schedules and hopefully the submitted guidance will aid them in this. With the current Guardian of Safe Working Hours leaving the trust needs to ensure that this position is recruited to as per TCS of the 2016 Junior Doctors' Contract.

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## Guardian of Safe Working Hours Annual Report

Date: 20<sup>th</sup> August 2018

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

### Introduction

This report provides an update and summary on exception reporting data from 1<sup>st</sup> August 2018 to the 6<sup>th</sup> August (changeover dates in successive years of doctors in training). The data for the most recent quarter is also summarised.

**The four quarters of the year referred to in the report are Q1 (Quarter 1 August 2018 – October 2018); Q2 (Quarter 2 November 2018 – January 2019); Q3 (Quarter 3 February 2019 – April 2019); Q4 (Quarter 4 May 2019 – August 6<sup>th</sup> 2019).**

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:	13
Number of unfilled training posts filled by a clinical fellow/locum:	2
Total number of non-training junior doctors including teaching fellows	41
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

The data for the past year show there have been 218 exception reports in total for working hours and education. Of the 218 exception reports, 206 were related to safe working hours and 12 related to education (Table 1).

Of the 206 due to safe working hours: 185 were due to working additional hours, 7 were due to concerns around the rota pattern, and 14 were related to service support. For the 190 exception reports that resulted in an outcome: 91 resulted in time off in lieu (TOIL); 73 resulted in overtime payment; 7 resulted in a work schedule review; 16 resulted in no further action and 1 had the initial decision upheld. Whereas the Allocate software used to raise exception reports does document the outcome it does not currently have a facility that is able to link to the eRota to confirm TOIL has actually been taken or additional payment received.

For the entire year the majority of the exception reports (total 154 [71%]) are from junior doctors working in the Medical Division (Table 2). 23% of these have come from the Foundation Year 1 doctors, 74% from the core trainees and 3% from the ST3+ trainees. For junior doctors working in the medical division 29% of their total exception reports can be identified as relating to the acute take on call.

Other specialties had between 1 and 22 exception reports over the year during this period with there being no exception reports from Radiology, Ophthalmology and GUM where there are relatively few doctors in training.

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%, 66% and 7% respectively. 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.

Month & Year	Type of Exception Report				Total per month
	Hours	Service Support	Education	Pattern	
August 2018	13	4	0	0	17
September 2018	22	0	0	1	23
October 2018	22	0	1	3	26
November 2018	7	0	0	0	7
December 2018	10	0	0	0	10
January 2018	31	3	0	0	34
February 2019	17	4	3	0	24
March 2019	13	1	2	2	18
April 2019	12	2	0	0	14
May 2019	7	0	0	0	7
June 2019	13	0	5	0	18
July (to 6 <sup>th</sup> Aug) 2019	18	0	1	1	20
Total per type	185	14	12	7	218

Table 1 Exception Reports for 1<sup>st</sup> Aug 2018 – 6<sup>th</sup> Aug 2019 by month and type

Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	23	85	1	109
Surgical	General Surgery	20	2	0	22
	Trauma & Orthopaedics	0	13	1	14
	Anaesthetics	0	2	4	6
	ENT	0	1	0	1
Women & Children's	Obstetrics & Gynaecology	2	5	1	8
	Paediatrics	1	3	6	10
Urgent and Emergency Care	Emergency Medicine	0	3	0	3
	Acute Medicine*	13	29	3	45
Total per Grade		59	143	16	218

Table 2 Exception Reports by Division for 1<sup>st</sup> Aug 2018 to 6<sup>th</sup> Aug 2019

*\*Acute medicine shifts involve doctors from medical division*

Specifically for Q4 the last quarter of the year there were 45 exception reports. 6 were related to education with 38 due to working additional hours, zero for service support and 1 for rota pattern. By month there were 7 in May; 18 in June and 20 in July – 6<sup>th</sup> Aug (Figure 1).

Of the 45 exception reports, 32 (71%) have been closed with 13 (29%) still open and overdue. Of the 13 overdue exception reports all have not had an initial meeting with

their supervisor. The figure is similar to Q2 and Q3 where 67% and 64% of exception reports had been closed respectively. In Q1 of the past year the figure was lower at 58%; likely due to a problem with supervisor notification of exception reports after old sfh-tr.nhs.uk email addresses (that registration on Allocate software was under) stopped forwarding to NHS mail 2. For exception reports in Q4 that were closed (32), the outcome has been: 21 with time off in lieu (TOIL), 10 with additional payment, 1 with no further action.

For Q4, the 32 exception reports that had an initial meeting with their supervisor the median time to first meeting is 13 days. For Q1, Q2 and Q3 the respective figures were 13, 6 and 7 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 71% of all exception reports for Q4 either had an initial meeting beyond 7 days or did not have a meeting. The respective figures for Q1, Q2 and Q3 were 72%, 43% and 62%. Previous qualitative feedback has been 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. However for the last quarter – Q4 – there has been an increase the proportion of exception reports not being addressed in the required window and the trust is advised to see how individuals can arrange time to meet trainees to discuss these issues.

For Q4 the majority of the exception reports (total 41 [91%]) are from junior doctors working in the Medical Division (Table 3). 12% of these have come from the Foundation Year 1 doctors, 85% from the core trainees and 3% from the ST3+ trainees. For Q4 for junior doctors working in the medical division 44% of their total exception reports can be identified as relating to the acute take on call.

For Q4 other specialties had between 1 and 2 exception reports with their being no exception reports from Emergency Medicine, Radiology, Ophthalmology, Paediatrics, Obstetrics and Gynaecology, ENT and GUM.



Division	Department	Grade of Doctor			Total for Department
		F1	F2/CT/ST1-2/GPST	ST3+	
Medical	Medicine	2	21	0	23
Surgical	General Surgery	1	0	0	1
	Trauma & Orthopaedics	0	2	0	2
	Anaesthetics	0	0	1	1
Urgent and Emergency Care	Acute Medicine*	3	14	1	18
Total per Grade		6	37	2	45

Table 3. Exception Reports by Division for May 2019 to 6<sup>th</sup> Aug 2019

*\*Acute medicine shifts involve doctors from medical division*

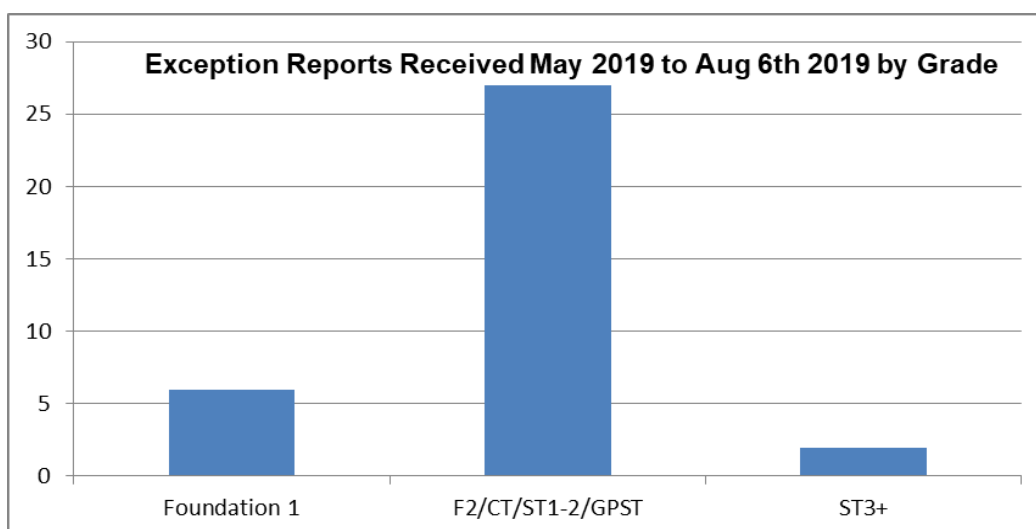


Figure 1 Exception Reports in Q3 by Grade

Since the 2016 junior doctors contract was implemented for all junior doctors in training there have tended to be peaks in number of exception reports at junior doctor changeover time (August, December and April) as expected with doctors becoming familiar with their new sites of work (Figures 2 and 3).

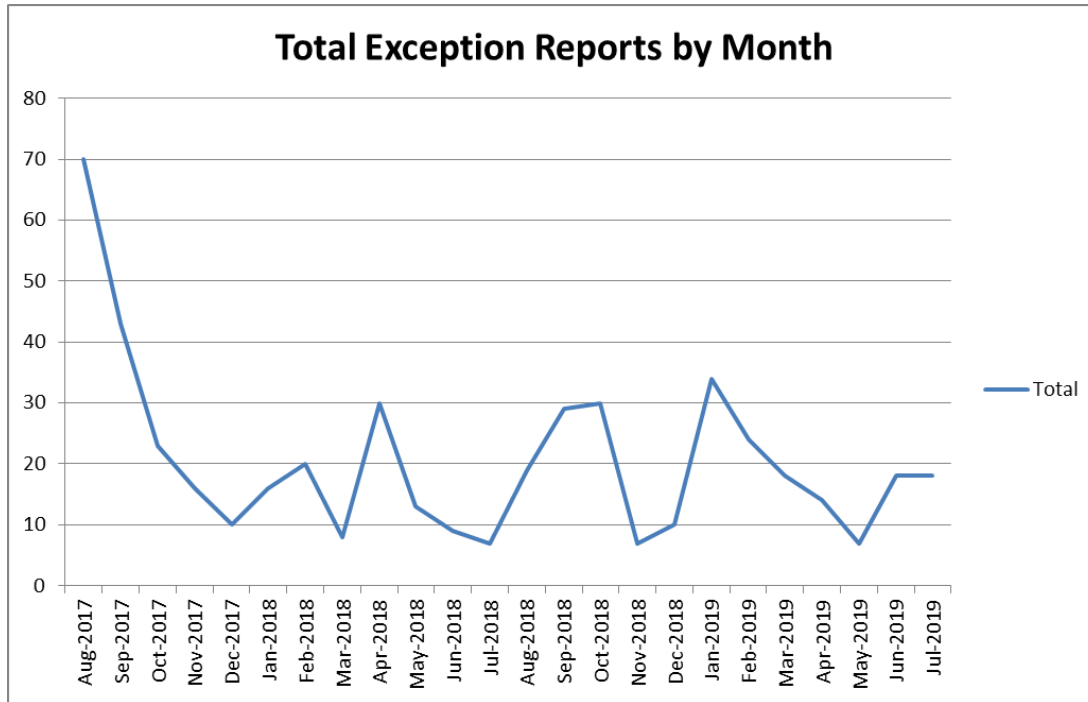


Figure 2 Total Exception Reports by Month since August 2017

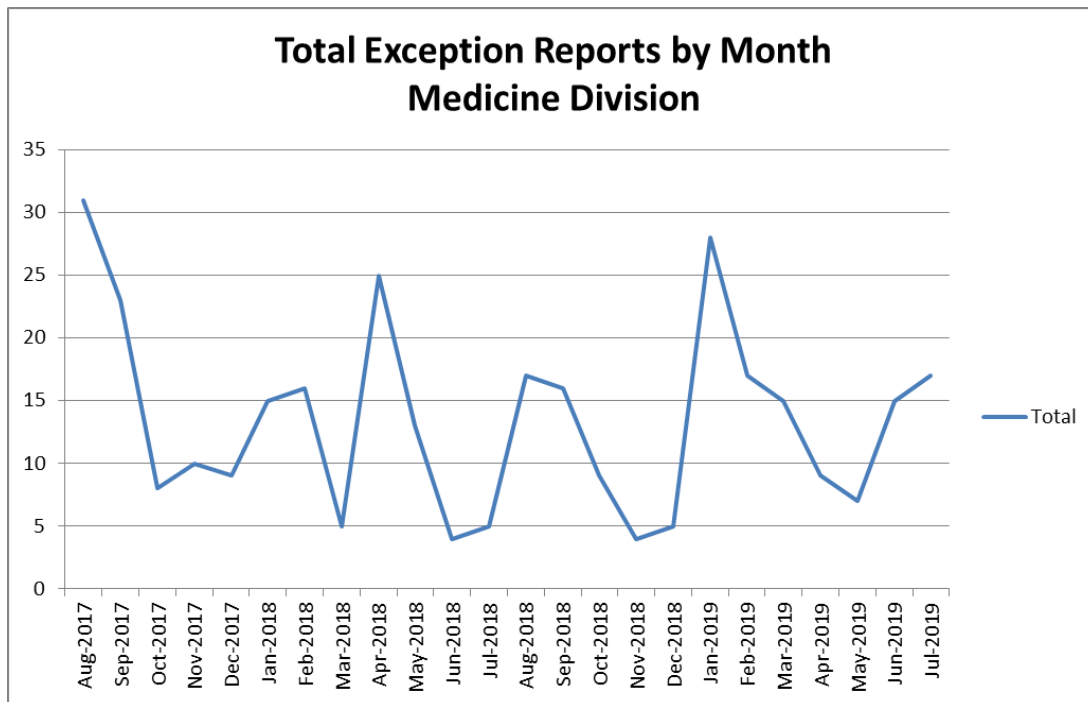


Figure 3 Total Exception Reports by Month in the Medicine Division since August 2017

The proportion of exception reports could also be compared to the relative number of junior doctors in each division (Table 4). This comparison is difficult to interpret however as there is variation in proportion of acute work; and there may be some divisions that promote exception reporting and under reporting in others.

Division of junior doctor	% of total exception reports Q1	% of total exception reports Q2	% of total exception reports Q3	% of total exception reports Q4	% of junior doctors working in that division
Medicine	51	63	73	91	30
Surgery	28	23	18	9	35
Women and Children's	17	4	9	0	23
Urgent and Emergency care	4	0	0	0	10
Diagnostics and Outpatients	0	0	0	0	2

Table 4. Comparison of percentage of exception reports by division of junior doctor and percentage of doctors in that division of total.

51 Exception reports for the entire year 2018-2019 had not been closed. Of these 40 had had no initial meeting (18% of all exception reports for the year). 9 had had an outcome agreed that had not been accepted by the junior doctor and not escalated to a work schedule review. 2 were related more to a doctor doing more weekends and were referred to the Medical Workforce Team to look at weekend payment but did not breach safe working hours. The GOSWH closed the outstanding exception reports and recommended to Medical Workforce Team that 31 of them should result in additional payment.

Of the 40 exception reports where no initial meeting occurred the departments were: Acute Medicine 12; Anaesthetics 2; Cardiology 5; Diabetes 1; Emergency Medicine 3; Gastroenterology 4; General Surgery 4; Haematology 1; HCOP 3; Paediatrics 1; Respiratory 3; Trauma and Orthopaedics 1. A reminder is sent by the Medical Workforce

Team to supervisors where exception reports remain open. It is advised that both the doctor in training and the supervisor should be sent reminders to address the outstanding exception reports.

### **Work Schedule Reviews**

There were no work schedule reviews carried out in Q4. Over the year 7 exception reports progressed to a work schedule review and in addition the GOSWH advised that with 5 open exception reports that had no initial meeting, the details provided would suggest a level 1 work schedule review should be considered. There remain few work schedule reviews despite qualitative feedback that some issues are recurrent. There seems to be on-going uncertainty on how to proceed with work schedule reviews so the GOSWH has submitted a template and guide for the process which HR will be taking to the Local negotiating Committee.

### **Fines**

There were no fines issued by the Guardian of Safe Working in Q3. The total fund of £608.39 is available for the Junior Doctors' Forum to decide on use for welfare of junior doctors. It has been previously agreed for junior doctors to use the funds to purchase food to try to increase attendance at the Junior Doctors' Forum.

### **Vacancies in Posts**

For the new cohort of junior doctors in August 2019 there are 13 vacancies for training posts of which 2 are filled by clinical fellows and these 2 are at a junior (F2/CT/IMT/ST1-2/GPST) level in Medicine. There remain 11 unfilled training posts: 1 x F2/CT/IMT/ST1-2/GPST level in Anaesthetics; 2 x ST3+ level in General Surgery; 1 x F2/CT/IMT/ST1-2/GPST level in Cardiology; 1 x ST3+ level in Acute Medicine; 5 x ST3+ level in Emergency Medicine; 1 x F2/CT/IMT/ST1-2/GPST level in Emergency Medicine. The clinical fellow programme continues to largely support the medicine division; there are currently 32 clinical fellows. Vacancy rates are a bit higher than over the last year – currently at 6%, 2018-2019 was 3% but remains lower than in years prior to that when it was 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 39 junior shifts that were unfilled for Q4. The respective figures for Q1, Q2 and Q3 were 19, 14 and 21. For Q4, 31 of these were in Emergency Medicine; 3 in paediatrics; 2 in Acute medicine; 3 in Stroke Medicine.

There were a total of 1175 filled junior doctor bank shifts during Q4 with the proportions being: Emergency Medicine 76%, Acute Medicine 10%, Paediatrics 4%, Obstetrics and Gynaecology 3%, General Surgery 2%, Trauma and Orthopaedics 2%, Medicine 2%, Others 1%.

The number of shifts that are filled is increasing in each quarter and the comparable rank order for Q1, Q2 and Q3 is:

Q1: 803 filled shifts - Emergency Medicine 37%, Trauma and Orthopaedics 21%, ENT 12%, Acute Medicine 9%, Medicine 6%, Paediatrics 5%, General Surgery 5%, Obstetrics and Gynaecology 5%.

Q2: 883 filled shifts - Emergency Medicine 44%, Acute Medicine 15%, Trauma and Orthopaedics 13%, Medicine 8%, Paediatrics 8%, General Surgery 6%, Obstetrics and Gynaecology 3%, Others 3%.

Q3: 983 filled shifts - Emergency Medicine 43%, Acute Medicine 27%, Medicine 8%, Paediatrics 6%, Obstetrics and Gynaecology 6%, , Trauma and Orthopaedics 7%, General Surgery 2%, Others 1%.

With the on-going forward view and anticipation of shifts to be filled it looks as though the majority are being filled in advance leaving relatively few gaps.

## Qualitative Information

The GOSWH 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 particularly in the last quarter, where none attended, but reminders are being sent in the bulletin and at the Junior Doctors' Forum (JDF). There has been a JDF 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 feedback from the JDF is that exception reporting should be promoted and be seen as a 'positive thing.'

The guidance for the work schedule process has been forwarded to the Medical Workforce Lead to discuss at the Local Negotiating Committee.

The current GOSWH will be leaving the position at the end of August 2019 and the Trust will need to appoint a new GOSWH which is required as per TCS of the 2016 Junior Doctors' Contract.

The GOSWH 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 in 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 Medical Workforce Lead, the rota coordinator for Medicine and the Management Registrar within Medicine have proposed a new rota for Medicine for December 2019 onwards and once implemented.

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.

In the last year the Medical Workforce Team have made the process of additional payment easier with 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.

For the new doctors that started in August the process of exception reporting and a guide to using the software was added to their e-induction.

The Allocate software for exception reporting has been updated so that the GOSWH can now close exception reports as well; and this has been done for all open reports with the recommendation by the GOSWH for additional payment for all those related to additional hours.

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 for 2019/20**

- The trust needs to recruit a new GOSWH.
- Junior doctors and consultants to continue to be supported with the exception reporting process and find adequate time to address issues that arise. 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. Particular focus should be on promoting and supporting the process of exception reporting in those departments that had high numbers of exception reports where no meeting occurred such as Acute Medicine.
- 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 to occur in December 2019 and the impact of this on exception reporting will need to be reviewed. The GOSWH recommendation regarding this plan remains for an annual rota to be provided to doctors.

- The Guardian of Safe Working Hours guide to aid supervisors and junior doctors to perform work schedule reviews needs to be reviewed by the LNC.

## **Conclusion**

The number of exception reports remains similar to last year with the numbers from each division being similar as well. Junior doctors in the medical division report the largest number of exceptions. Many exception reports are being addressed beyond the 7 days recommended in the 2016 Junior Doctors' Contract or not at all. Junior doctors and supervisors need to be supported and reminded to meet to discuss exception reports. Vacancy rates remain low and data on unfilled shifts indicates only few are unfilled. However the number of absolute shifts being filled through the bank system is continuing to rise.

**Sarbpreet Sihota**

**Guardian of Safe Working Hours**