

Board of Directors Meeting in Public - Cover Sheet template and Guidance

All reports **MUST** have a cover sheet

Subject:	Guardian of Safe Working		Date: 27/2/20	
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Approved By:	Prof Janusz Jankowski			
Presented By:	David Selwyn			
Purpose				
Guardian for Safe Working Hours Update Report February 2020. This is a Mandatory requirement for assurance and update of safe working as per the Terms and Conditions of Service of the 2016 Junior Doctors Contract.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		Triangulated internal report		
Risks/Issues		X		
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 quality 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.			
Services	Junior doctor working across entire hospital in the 5 Divisions			
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				
This report in draft format has already been presented at the Local Negotiating Committee and was well received and commended.				
Executive Summary				
<p>The Guardian of Safe Working Hours report provides detail of the exception reporting received from August 2019 until the end of January 2020. 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, monitoring of progress and delivery of support for both juniors and consultants regarding the exception reporting process.</p> <p>There have been 50 exception reports in this quarter (compared with 45 in the same quarter last year) related to safe working. Despite this 10% increase, these reports are completed quicker than before.</p>				

The majority of exception reports come from junior doctors working in the medical division. In this regard, there is also some evidence that the medical division also takes the biggest acute workload as the sickest patients are in the medical wards, based on the average NEWs scores.

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 as yet.

There remains the concern nationally and locally that there is still under-reporting of exceptions and both junior doctors and consultants need to be continued to be supported with the exception reporting process. In addition, there is evidence from junior doctor interviews that the intensity of their workload is increasing from the jobs they do and the number of patients they see.

Guardian of Safe Working Hours Quarterly Report

Date: 17th February 2020

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Introduction

This report provides an update on exception reporting data, with regard to working hours from August 2019 to the end of January 2020.

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):	187
Number of doctors in training on 2016 TCS (total):	187
Number of training posts unfilled by a doctor in training:	20
Number of unfilled training posts filled by a clinical fellow/locum:	5
Total number of non-training junior doctors including teaching fellows	54
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 2019

The data from August 2019 until the end of January 2020 show there have been 141 exception reports in total. Of the 141 exception reports, 125 (89%) were due to working additional hours, 8 were related to service support, 7 were due to concerns around the rota pattern and 1 was related to education. By month there were 42 in August 2019, 31 in September 2019, 18 in October 2019, 12 in November, 14 in December and 24 in January.

Of these 141 exception reports 137 (97.2%) have been closed, 4 (2.8%) have been cancelled.

For the 137 exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 15.5 days. This is significantly shorter than the same period last year where the median time to the first meeting was 37 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 73.8% 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: 35 with time off in lieu (TOIL), 76 with additional payment, and 26 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.

Exception Reports by Specialty and Grade of Doctor

Specialty	FY1	FY2	CT1	ST1	ST2	ST3+	Grand Total
Accident and emergency				1			1
Acute Medicine*				2		1	3
Cardiology		6					6
Diabetes & Endocrinology	7						7
Gastroenterology	1		1				2
General Medicine	40	24	24	2		3	90
General Surgery	2						2
Obstetrics and gynaecology	1	1				3	5
Otolaryngology (ENT)				4			4
Paediatrics	4	3			3		10
Surgical specialties	5						5
Trauma & Orthopaedics		3					3
Grand Total	60	37	25	9	3	7	141

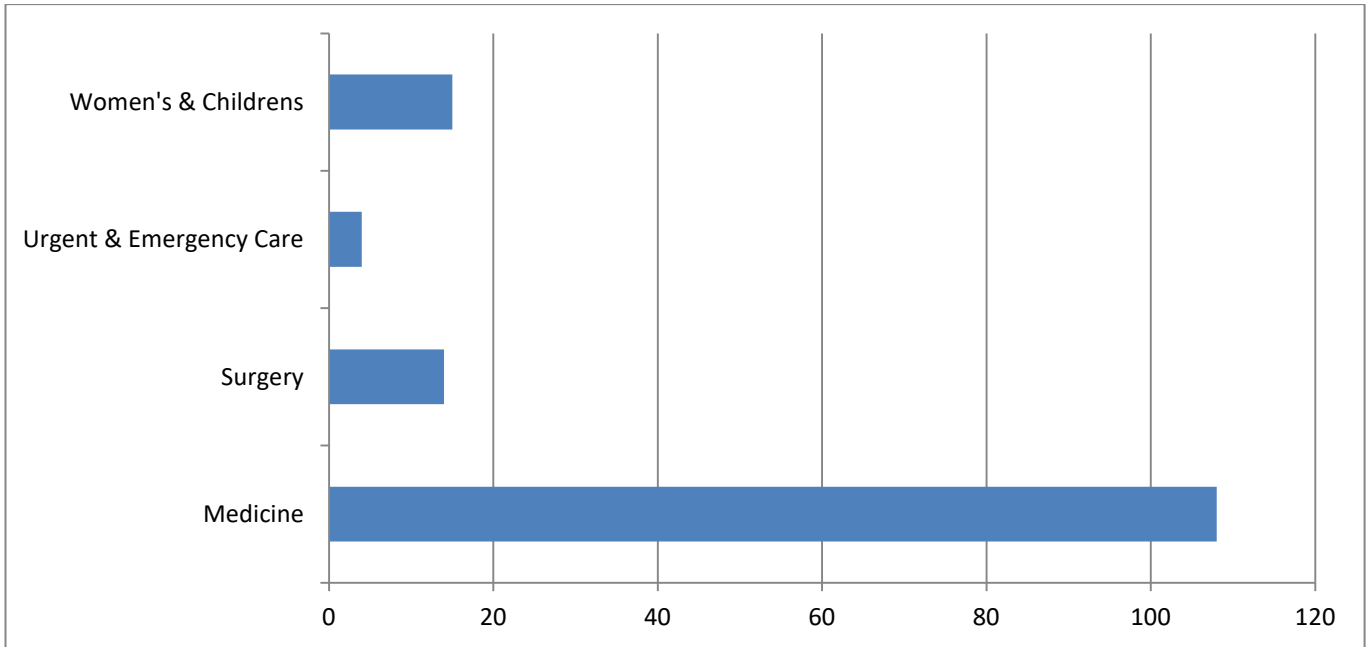
Table 1 Exception Reports by Specialty and Grade of Doctor

*Acute medicine shifts involve doctors from medical division

The majority of the exception reports received during this period - 93 (66%) 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 93 exception reports, 3 were whilst doing acute medicine shifts and 90 whilst doing specialty specific or ward based work (Table 1) (Figure 1).

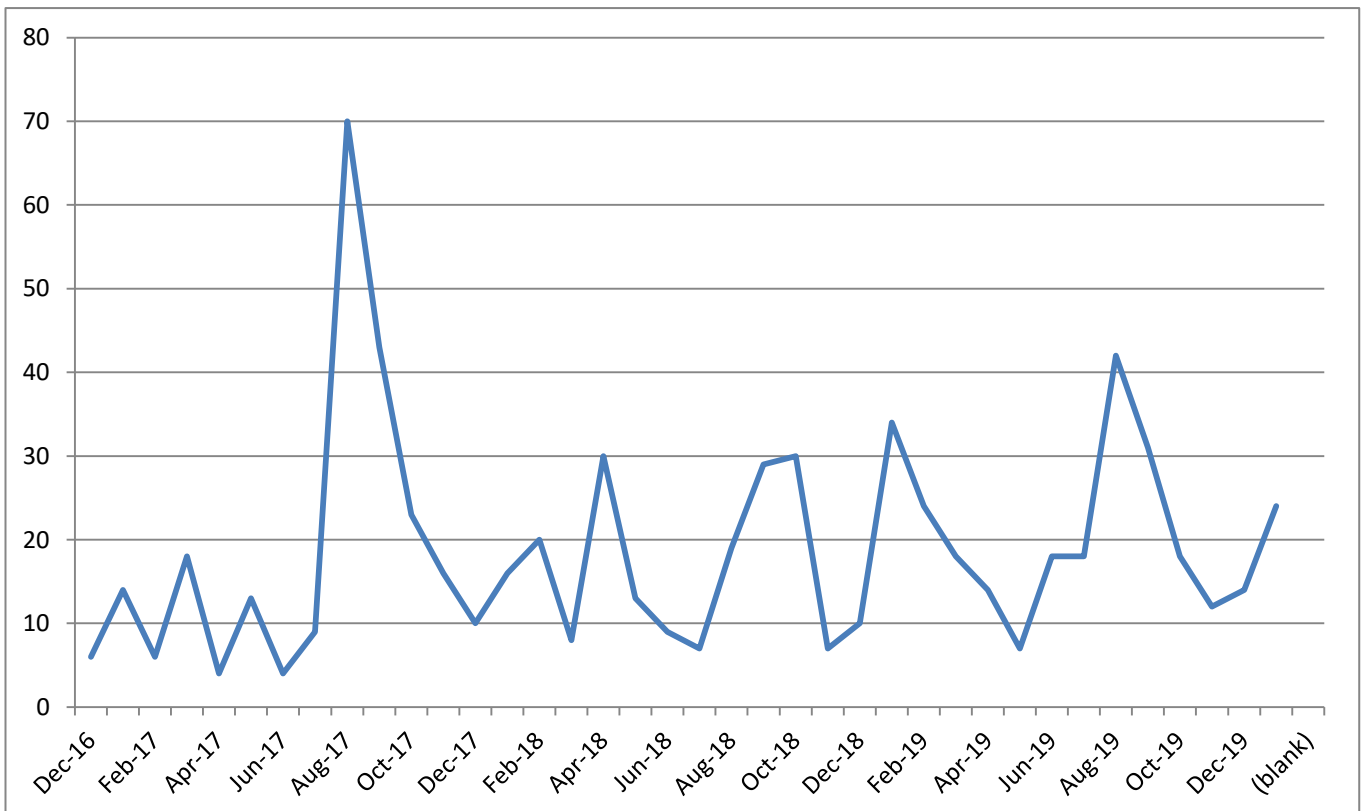
40 of the exception reports have come from the Foundation year 1 doctors, 24 from the Foundation year 2 doctors, 26 from the core trainees within the Division and 3 from the ST3+ trainees. Other specialties had between 1 and 10 exception reports during this period with their being no exception reports from Radiology, Ophthalmology and GUM.

Figure 1 Exception reports by division of junior doctor



Compared to August 2018 – January 2019 the number of exception reports has increased from 129 last year to 141 for the same period this year.

Figure 2. Number of Exception reports by month since 2016 Junior Doctors' Contract implementation.



Burden of Onerous Working in F1 level

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 43%, 46% and 11% respectively. This two fold increase in reporting in F1's have multifactorial reasons.

First, F1 doctors are new to the workplace so have a greater proportion of exception reports.

Second, the FY1's are the most junior doctors and work cascades down to them, especially following ward rounds.

Third, the FY1's are reluctant to leave legacy jobs to their colleagues covering the Hospital Out Of Hours, as it will be their peers undertaking this work in addition to their own tasks.

Work Schedule Reviews

There have been no work schedule reviews.

Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent. However, the intensity of working in the HOOH's is steadily increasing especially in EAU as well as the cover of acutely/chronically sick patients in the wards.

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. However, there have been several issues which may have been misreported, where in retrospect fines could have been relevant i.e. working without breaks, extreme intensive pressures where shifts have been under filled and staff working with health and anxiety issues.

JD Vacancies

16 of the 178 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 43 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. However, it is important to emphasise a large proportion of these clinical fellows do not work at the registrar competency level due to the majority of them being fairly new to the Trust.

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.

On-going 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 weekly drop-in session for junior doctors and consultants as well and this often results on virtual conversations to deal with issues.

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

1. 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. There will be a thorough review of the HOOH and how we can improve the training and experience of the junior doctors.

Four specific topics recur;

- a. The morning handover for the wards as opposed to the EAU seems less useful,
 - b. The intensity of the HOOH increases with each year,
 - c. The need for more registrars to cover both EAU and the wards to train the F1's and CMTs
 - d. More training numbers at registrar level.
2. 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.

3. 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

Trust Board is asked to note the following GoSW 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, especially the HOOH.
- 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.
- There needs to be consideration to more training numbers for KMH to allow more registrars or academic registrars to be used in rotas with paid links to Universities.

Conclusion

There remain challenges, locally and nationally, to exception reporting becoming embedded as routine practice. There is still more progress required to encourage the junior doctors to complete exception reports; for these to be addressed in a timely manner by supervisors; and on-going focus on personalising work schedules. There needs to be better provision of supervision for the junior doctors, better environmental conditions and better oversight and support of exception reporting. These issues are being managed proactively.

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