

**Board of Directors Meeting in Public**

<b>Subject:</b>	Guardian of Safe Working Hours Report	<b>Date:</b> 24 <sup>th</sup> August 2020		
<b>Prepared By:</b>	Janusz Jankowski, Guardian of Safe Working Hours			
<b>Approved By:</b>	N/A			
<b>Presented By:</b>	Janusz Jankowski, Guardian of Safe Working Hours			
<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>Approval</b>		
		<b>Assurance</b>	<b>X</b>	
		<b>Update</b>		
		<b>Consider</b>		
<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>
<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.				

**Executive Summary**

The Guardian of Safe Working Hours report provides detail of the exception reports received from 1<sup>st</sup> May 2020 until 31<sup>st</sup> July 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 for the Guardian of Safe Working Hours and ongoing support for both the junior doctors and consultants regarding the exception reporting process.

**Exception Reports (ER) over past quarter**

<b>Reference period of report</b>	<b>01/05/20 - 31/07/20</b>
<b>Total number of exception reports received</b>	<b>7</b>
<b>Number relating to immediate patient safety issues</b>	<b>1</b>
<b>Number relating to hours of working</b>	<b>7</b>
<b>Number relating to pattern of work</b>	<b>0</b>
<b>Number relating to educational opportunities</b>	<b>0</b>
<b>Number relating to service support available to the</b>	<b>0</b>

1. There have only been 7 exception reports in this quarter related to safe working with the majority coming from juniors doctors working in the medical division.
2. One of these was a clinical safety concern in surgery relating to supervision.
3. This is dramatically less than this time last year as well as the preceding quarter before Covid.
4. The length of time between raising an exception report and an initial meeting with the supervisor and also overdue reports can still be too long. Some educational supervisors are frequently slow to respond. The Guardian now routinely intervenes in any instances when 14 days lapses without exception report resolution (14 days chosen to allow for any leave).
5. There have been no work schedule reviews as a consequence of exception reporting.
6. The post vacancy rates remains low as gaps are supported by the clinical fellow programme. Data of locums filling vacant shifts will be available for the next report.
7. There remains the concern nationally and locally that there is under-reporting of exceptions. Both junior doctors and consultants need to continue to be supported with the exception reporting process. We feel at SFHT we encourage junior doctors to complete exception reports and train Consultants to respond to exception reports.

## Guardian of Safe Working Hours Quarterly Report

**Date:** 24 August 2020

**Author:** Janusz Jankowski, Guardian of Safe Working Hours (GSWH)

### Introduction

This report provides an update on exception reporting data, with regard to working hours from 1<sup>st</sup> May 2020 to the end of 31<sup>st</sup> July 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):	193
Number of doctors in training on 2016 TCS (total):	193
Number of training posts unfilled by a doctor in training:	14
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 May 2020.

The data from May 2020 until the end of July 2020 shows there have been 7 exception reports in total for working hours and education. Of these exception reports all but one related specifically to safe working hours. Of these 7 exception reports received, 100% of these have now been closed. The average time to first meeting is 9 days. This is longer than the previous quarter where the average time to the first meeting was 6.8 days.

Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 41% of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. This will be monitored going forwards and consultants reminded to respond to exception reports.

**Figure 1. Number of Exception reports for this quarter in 2020.**

Reasons for ER over last quarter by specialty & grade					
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	N
Immediate patient safety issues	General surgery	FY1	0		1
	<b>Total</b>		<b>0</b>		<b>1</b>
No. relating to hours/pattern	General medicine	FY1	0		3
	General surgery	FY1	0		1
	Obstetrics and gynaecology	ST5	0		2
	Obstetrics and gynaecology	ST6	0		1
	<b>Total</b>		<b>0</b>		<b>7</b>
No. relating to educational opportunities					
	<b>Total</b>		<b>0</b>		<b>0</b>
No. relating to service support available					
	<b>Total</b>		<b>0</b>		<b>0</b>

The majority of the exception reports received during this period – 6 (86%) 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. The one clinical safety concern was related to junior doctor cover in surgery but this seems an exceptional case as normally surgery cover is ‘quieter’ than medicine.

**Figure 2. Number of Exception reports for the same quarter in 2019.**

<b>Exception Reports (ER) over past quarter</b>	
Reference period of report	01/05/19 - 31/07/19
Total number of exception reports received	43
Number relating to immediate patient safety issues	4
Number relating to hours of working	36
Number relating to pattern of work	1
Number relating to educational opportunities	6
Number relating to service support available to the	0

The number of ERs last year is much higher. This year the changes to the rota, having one rota for all junior doctors across Medicine and Surgery due to COVID has impacted on the number of exception reports received during this quarter. This is expected to change as the rotas have been changed for the new cohort of junior doctors in August 2020.

### **Work Schedule Reviews**

There have been no work schedule reviews.

### **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 monies.

### **Vacancies**

Of the 193 approved training posts 14 are unfilled by a doctor in training. 6 of these are filled by a clinical fellow and the remainder by locums. 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.

Information on the number of agency doctors, locum bookings and locum shifts filled in by trainee doctors will be available for the next report.

## **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.

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 within their Division and the time taken by the Educational/Clinical Supervisors in responding to the report.

The guardian of safe working has a monthly drop-in session for junior doctors and consultants and on average 1-2 people attend each month.

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. This is especially problematic when doctors of differing training programmes (Hospital Specialties, GP, Psychiatry etc) with differing educational goals are working the same rota.

## **Issues arising**

1. 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.
2. Web Page for Guardian to collate all resources and ER Training for Junior Doctors
3. Further training of educational supervisors so that they diligently complete ER reports in a timely and sensitive way.
4. A better provision for HOOH working especially workload and supervision of ward cover as opposed to Acute work.

## Recommendations

- Both junior doctors and consultants to continue to be supported with the exception reporting process.
- Web Page for the Guardian to collate information monthly as well as to show trends and Resilience and ER training.
- 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, although this was already done for COVID planning in April 2020, and when the proposal is available the Guardian will need to review this. In particular we need to assess the degree of ward cover compared with support for front facing Acute services, in the Hospital Out Of Hours (HOOH).
- More 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 which will be available for the next report.

## Conclusion

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. The new junior staff, from August 2020, seem more ready to ER.

**Janusz Jankowski**

**Guardian of Safe Working**

**Sherwood Forest Hospitals NHS Trust**