

Board of Directors Meeting in Public - Cover Sheet

Subject:	Guardian of Safe Working Report		Date: 7 th March 2024		
Prepared By:	Rebecca Freeman - Head of Medical Workforce, Jayne Cresswell – Medical Workforce Specialist				
Approved By:	Dr David Selwyn				
Presented By:	Dr David Selwyn – Medical Director				
Purpose					
To provide the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st November 2023 and 31 st January 2024				Approval	
				Assurance	X
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Joint Local Negotiating Committee					
Acronyms					
TCS – Terms and Conditions of Service WTE - Whole Time Equivalent NHSE – National Health Service England LTFT – Less than Full time PA – Programmed Activity TOIL – Time Off in Lieu IMT – Internal Medicine Trainee Ct – Core trainee St – Specialty trainee EAU – Emergency Assessment Unit GMC – General Medical Council W&C – Women's and Childrens U&EC – Urgent and Emergency Care SAC – Surgery, Anaesthetics and Critical Care HOOH – Hospital out of Hours					
Executive Summary					
The paper provides the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st November 2023 and 31 st January 2024.					

The Board of Directors is asked to note the following:

- The largest number of exception reports have been received from the Division of Surgery, Anaesthetics and Critical Care. It is the second time since the reporting began that the largest number of exception reports have been received from this Division and this will be closely monitored going forward.
- Most Exception reports are being received from Foundation Year 2 doctors.
- There are still very small numbers of exception reports being received from St3+ doctors.
- A pilot is ongoing where the Hospital out of Hours team are supporting Acute Medicine.
- The progress relating to the new junior doctor's mess has been delayed.
- There have been two periods of industrial action by junior doctors during this period and concerns are being raised regarding the impact industrial action is having on training.
- The Guardian of Safe Working has returned following a period of leave.
- The Guardian of Safe Working inbox is now operational.

Guardian of Safe Working Report covering the period from 1st November 2023 to 31st January 2024

Introduction

This report provides an update on exception reporting data, from 1st November 2023 to 31st January 2024. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the data below, 219 (218.1 wte) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 252 trainee posts, so this rotation, the second rotation of the year, there are 33 vacant trainee posts. This is due to NHSE not being able to fill these posts for a variety of reasons, including doctors being on maternity leave (7 doctors), unanticipated lack of training progress (not passing their exams), doctors leaving the training programme early, or there not being enough trainees following a particular training pathway to fill the posts across the country. The Trust isn't always informed of the reasons for the vacant posts and as can be seen from previous reports, these vacancy numbers fluctuate for each rotation. Further information is included in the vacancies section.

High level data as of 31st January 2024

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	219	227	218.1
Number of vacant training posts:	33	-	33.9
Number of unfilled training posts filled by a non-training doctor:	8	-	8
Number of non-training doctors in post:	100	106	104.2
Number of vacant non-training posts:	9	-	4.8

Please note the above table shows that there are 227 doctors in training (218.1 wte) covering 219 training posts, this is due to more than 1 LTFT doctor occupying a post.

High level data from previous quarter (as of 31st October 2023)

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	231	240	228.9
Number of vacant training posts:	21	-	23.1
Number of unfilled training posts filled by a non-training doctor:	7	-	6.6
Number of non-training doctors in post:	101	108	106.2
Number of vacant non-training posts:	8	-	2.8

The doctor in training and the non-training doctor posts have remained the same as the previous quarter.

Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PA per trainee

Exception reports From November 2023 (with regard to working hours)

The data from 1st November 2023 to 31st January 2024 shows there have been 56 exception reports in total, 54 related specifically to safe working hours while 1 related to service support and 1 related to the rota pattern.

Three of the exception reports were categorised by the postgraduate trainees as immediate safety concerns. Further details of the immediate safety concerns can be found in Table 1.

By month there were 12 exception reports in November 2023, 33 in December 2023 and 11 in January 2024.

Of the 54 exception reports relating to safe working hours 39 were due to working additional hours, 13 were due to inability to take natural breaks and 2 related to rest.

Of the total 56 exception reports, 55 have been closed, with 1 being unresolved as the supervisor has requested further information.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 21 days. The time to the first meeting is a significantly higher from the previous report. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 38 (68%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Reminders are sent automatically to the Educational Supervisors listed by the Trainee to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the more straightforward exception reports, the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response. There have been particular difficulties as a result of periods of annual leave during the Christmas period and one exception report was responded to via email rather than through the system which also skewed the above figure.

Where an outcome has been suggested there are 14 (25%) with time off in lieu (TOIL) totalling 14 hours and 40 minutes, 30 (55%) with additional payment totalling 33 hours and 26 minutes at normal hourly rate and 6 hours at premium rate and 11 (20%) with no further action.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce Team, a report is

completed for the rota coordinators to ensure that time off in lieu is added to the doctor's record or any payment is made.

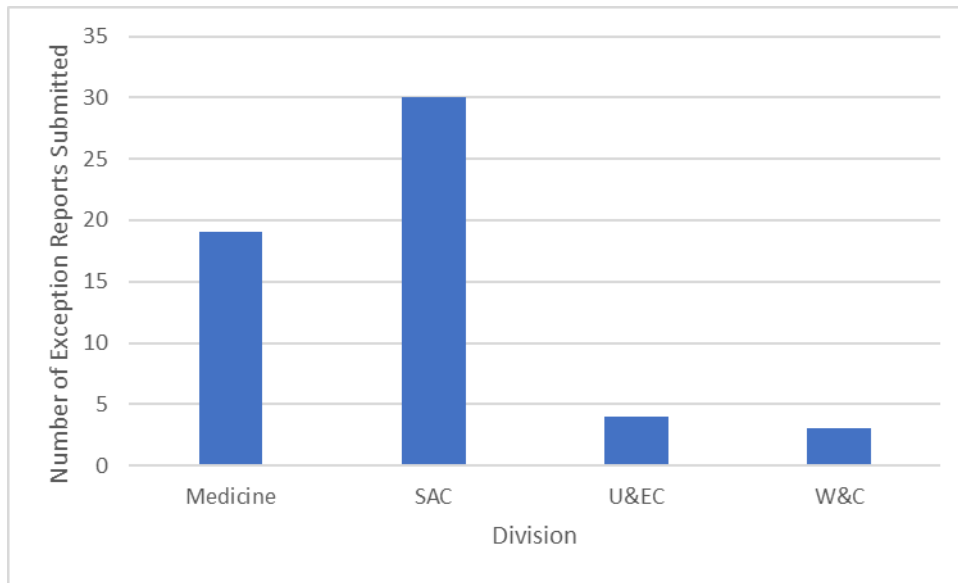


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 30 (54%) in total - are from postgraduate doctors working in the **Surgery, Anaesthetics and Critical Care Division**.

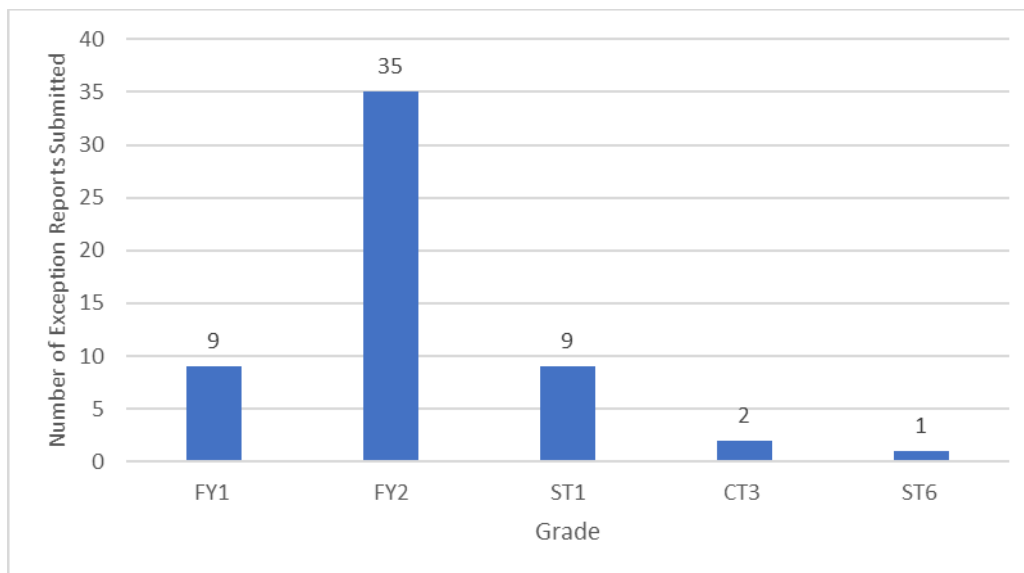


Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 2 Doctors. In total 9 (16%) of the exception reports have come from the Foundation Year 1 Doctors, 35 (63%) from the Foundation Year 2 Doctors, 9 (16%) ST1/2 doctors and 3 (5%) from ST3+ doctors.

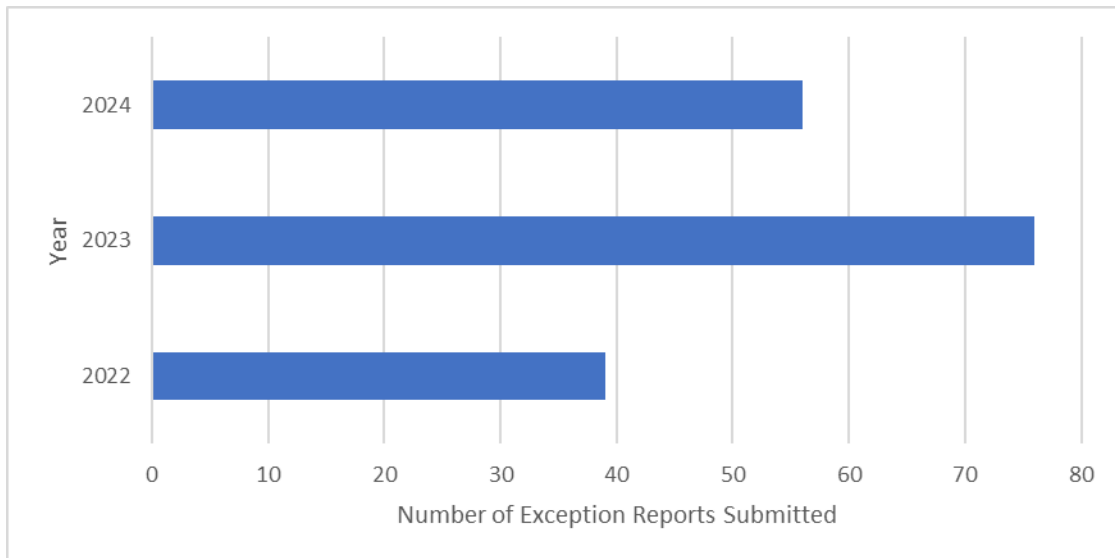


Figure 3. Comparison of number of exception reports for the same period between 2022, 2023 and 2024

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
19.11.23	Clinical Fellow in Acute Medicine	The doctor felt it was unsafe during their EAU weekend shift, as they had to see over 26 patients. The doctor didn't feel that they had support available to help. Many new patients were also moved during the shift which the doctor felt they had to manage.	Staffing was discussed with the doctor; it was explained to them that there are plans to pilot using HOOH to coordinate the work on the unit. Support was also offered for them.	The concern has been closed
19.11.23	Clinical Fellow in Acute Medicine	Unable to have a break during their shift	Staffing was discussed with the doctor; it was explained to them that there are plans to pilot using HOOH to coordinate the work on the unit. Support was also offered for them	The concern has been closed
11.12.23	ST6 in Geriatrics	Only one registrar on a night shift led to a heavy and unsafe burden of work causing delays in reviewing patients.	Due to last minute sickness of the other overnight SpR the doctor had to carry both bleeps and effectively do 2 people's work that night shift. The doctor did not	The concern has been closed

			<p>get any of their break time during the 12 hour shift. This was also impacted by gaps in junior staffing cover on that night and EAU being open to extra capacity.</p> <p>The doctor suggested the Trust could deal with last minute rota gaps in the future by offering escalated rates of pay when it is very short notice.</p>	
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Table 1. Immediate Safety Concern Concerns Raised

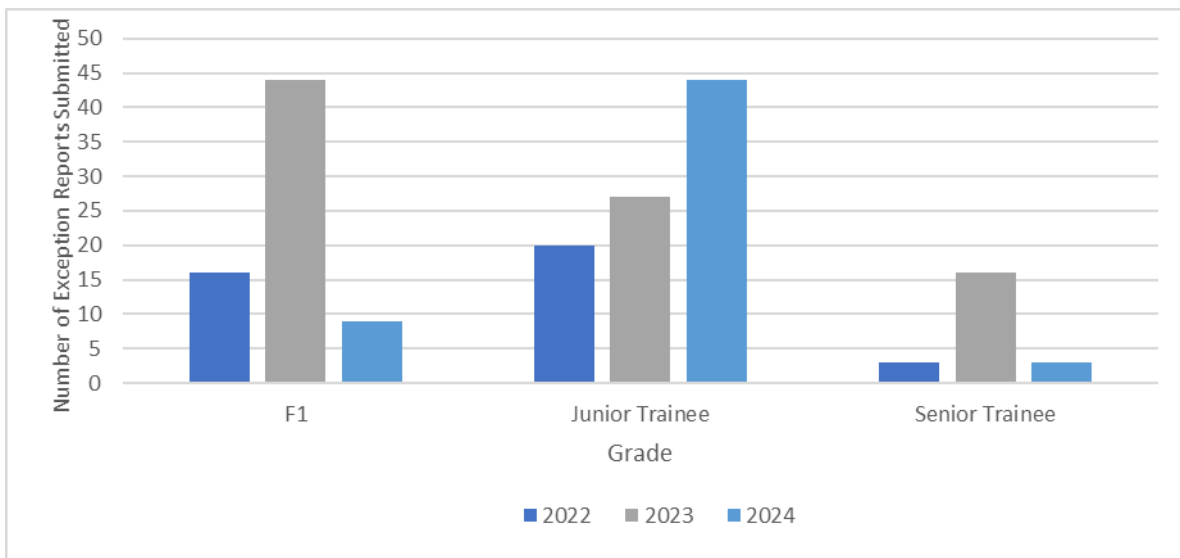


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2022, 2023 and 2024.

Figure 4 shows that this year there have been less exception reports from the F1 and ST3+ doctors than in the previous year but more exception reports from the F2/ST1/ST2 doctors this year than in previous years, with the majority of these being from F2 doctors.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 227 doctors in training. As mentioned in the introduction, there are 33 vacancies where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 8 of the vacancies are currently filled by Clinical Fellows/Senior Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible particularly in Medicine, Urgent & Emergency Care and some specialties within Surgery, Anaesthetics and Critical Care.

The remaining gaps will be filled by doctors on the bank where needed to support the rotas, which represents a cost pressure to the Trust.

The process of recruiting Clinical Fellows for August has commenced, the plan will be to over recruit particularly for the Medical Division which will hopefully negate the need for as many agency and bank doctors as have been used in previous years. A piece of work is currently being undertaken corporately, looking at the number of vacancies across the Division of Surgery, Anaesthetics and Critical Care to consider the option of over recruiting in some surgical specialties.

Currently to support with winter pressures, 3 Clinical Fellows are covering ward 31/32 and 4 Clinical Fellows covering ward 41 from the over-recruitment that took place prior to August 2023.

The high-level data shows that the Clinical Fellows are currently over recruited in Medicine by 3 and in Urgent & Emergency Care by 1.

Qualitative information

Table 3 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year. This number is high and is an ongoing theme and there is an action plan to address this.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
November 2023 - January 2024	68% of all reports received 38 reports
August 2023 – October 2023	53% of all reports received 29 reports
May 2023 – July 2023	54% of all reports received 20 reports
February 2023 – April 2023	58% of all reports received 54 reports

Table 3 Exception Reports not responded to within 7 days

Work is progressing, with the relocation of the doctors’ mess. Unfortunately due to the increase in the quote for the work required, further scrutiny has taken place to understand the reason for the increase which has delayed the progress of this project, however, the work will be commencing shortly.

Two periods of industrial action have taken place during this period involving the junior doctors the first being from 7am on Wednesday 20th December 2023 until 7am on Saturday 23rd December 2023 and from 7am on Wednesday 3rd January 2024 until 7am on Tuesday 9th January 2024. Concern is being raised regarding the impact that periods of industrial action are having on training.

As can be seen from the immediate safety concern data, two concerns relate to weekend working in Acute Medicine, in addition to the work described in the last report, a pilot is also being undertaken where the Hospital Out of Hours Team support the service with coordinating the allocation of work to the doctors. This pilot commenced in December and early indications are showing that the doctors are finding this it is very beneficial for them, they are finding that there are less interruptions and they are able to be more efficient, they are feeling less stressed and the shifts are more organised. The pilot is ongoing.

The Guardian of Safe Working has now returned from an extended period of leave and he visited the wards on Wednesday 10th January, this is something that he plans to do on a regular basis. The inbox for trainees to be able to contact the Guardian is now operational.

He has also asked Consultants to ensure that they respond to exception reports as soon as possible, in addition to encouraging junior doctors to make their Educational/Clinical Supervisors aware when they exception report and make them aware of the reason for the report so that a response can be added to the system in a timely manner and within the required 7 days. Work is continuing to use opportunities to remind both the consultants and the junior doctors of the requirements.

Conclusion

- Note that the largest number of exception reports have been received from the Division of Surgery, Anaesthetics and Critical Care. It is the second time since the reporting began that the largest number of exception reports have been received from this Division and this will be closely monitored going forward.
- Most Exception reports are being received from Foundation Year 2 doctors.
- A pilot is ongoing where the Hospital out of Hours team are supporting Acute Medicine.
- There are still very small numbers of exception reports being received from St3+ doctors.
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Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report to be taken forward.

Action/Issue	Action Taken (to be taken)	Date of completion
Junior Doctors mess to be relocated to the Deli Marche	Task and Finish Group in place involving key stakeholders to manage this transition.	On going
Guardian of Safe Working inbox to be operational	Inbox to be implemented.	Complete
Concerns have been raised by trainees relating to Acute Medicine	A meeting has been held with the specialty, an action plan has been developed and several actions are being taken by the specialty. A further update has been provided in this report	Updates on progress to be provided in the next report.
Exception reports increased in Women & Childrens. Handover in Paediatrics is lasting longer than the allotted time.	Consideration to be given to how this can be managed differently going forward.	This has been addressed by the Division and no longer appears to be a concern.
Increase in the number of Exception reports in Surgery, Anaesthetics and Critical Care.	Monitor the number of and reasons for the exception reports from this Division over the next quarter.	30th April 2024