

Guardian of Safe Working Report - Cover Sheet

Subject:	Guardian of Safe Working Report		Date:	5/9/2024	
Prepared By:	Rebecca Freeman – Head of Medical Workforce				
Approved By:	Dr Simon Roe – Acting Medical Director				
Presented By:	Dr Simon Roe – Acting Medical Director				
Purpose					
The paper provides the Board of Directors with an update on the exception reports received from resident doctors and between 1st May 2024 and 31st July 2024.				Approval	
				Assurance	X
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
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					
Verbal update provided at the Joint Local Negotiating Committee the paper was also presented to the People Cabinet.					
Acronyms					
NHSE – National Health Service – England LTFT – Less than Full Time PA – Programmed Activity WTE – Whole Time Equivalent TOIL – Time Off in Lieu FY1 – Foundation Year 1 Doctor St – Specialty Trainee					
Executive Summary					
The Board of Directors is asked to take assurance from this paper and to note the following: -					
<ul style="list-style-type: none"> • That the largest number of exception reports have been received from the Division of Medicine, closely followed by the Division of Surgery, Anaesthetics and Critical Care. • Most Exception reports are being received from St1 doctors. • The number of exception reports being received from St3+ doctors has increased considerably from the last report. • Progress relating to the new doctor's mess has been delayed due to recent changes to building regulations. 					

- A survey has been sent to the resident doctors on Exception Reporting and although the response rate was poor, it has identified several areas of focus for August onwards.
- The Guardian of Safe Working is continuing to walk around clinical areas to meet resident doctors.

Guardian of Safe Working Report covering the period from 1st May 2024 to 31st July 2024

Introduction

This report provides an update on exception reporting data, from 1st May 2024 to 31st July 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, 231 (219.3 wte) resident doctors have been allocated to the Trust by NHSE. The Trust has an establishment of 251 trainee posts, so this rotation, the final rotation of the year, there are 26 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 (8 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. It is generally the last rotation of the year where there are the most vacancies. Further information is included in the vacancies section.

High level data as of 31st July 2024

Established resident doctor posts:	251		
Established trust grade doctor posts:	122		
	Posts	Heads	WTE
Number of resident doctors in post:	225	231	219.3
Number of vacant resident doctor posts:	26	-	31.7
Number of unfilled resident doctor posts filled by a trust grade doctor:	7	-	6.6
Number of non-resident doctors in post:	106	107	105.8
Number of vacant trust grade doctor posts:	16	-	16.2

Please note the above table shows that there are 231 doctors in training (219.3 wte) covering 225 training posts, this is due to more than 1 LTFT doctor occupying a post.

High level data from previous quarter (as of 30th April 2024)

Established resident doctor posts:	251		
Established trust grade doctor posts:	120		
	Posts	Heads	WTE
Number of resident doctors in post:	223	232	219.5
Number of vacant resident doctor posts:	28	-	31.5
Number of unfilled resident doctor posts filled by a trust grade doctor:	8	-	7.6
Number of trust grade doctors in post:	102	108	105.8
Number of vacant trust grade doctor posts:	18	-	14.2

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 1st May 2024 (with regard to working hours)

The data from 1st May 2024 to 31st July 2024 shows there have been 51 exception reports in total.

Of the 51 exception reports from the resident doctors, four were categorised as an immediate safety concern. Further details of the immediate safety concerns can be found in Table 1.

By month there were 11 exception reports in May 2024, 16 in June 2024 and 24 in July 2024.

Of the 51 exception reports 40 were due to working additional hours, 9 were due to the service support available and 2 were due to educational reasons.

Of the total 51 exception reports, all have been closed.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 8 days. The time to the first meeting is better than the previous report by 5.5 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 26 (51%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting, this is an improvement on 67% from the last quarter. Reminders are sent automatically to the Educational Supervisors listed by the resident doctor to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the more straight forward exception reports, the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response. Where a doctor is on nights, it can be difficult to ensure that the initial meeting takes place within 7 days. However, all of the exception reports have had the initial meeting which is an improvement on previous reports.

Where an outcome has been suggested there are 16 (31%) with time off in lieu (TOIL) totalling 21 hours and 40 minutes, 19 (38%) with additional payment totalling 21 hours and 30 minutes at normal hourly rate and 1 hour at premium rate and 16 (31%) 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 and the payroll team to ensure that time off in lieu is added to the doctor's record or any payment is made. This is completed on a monthly basis in line with payroll cut off periods.

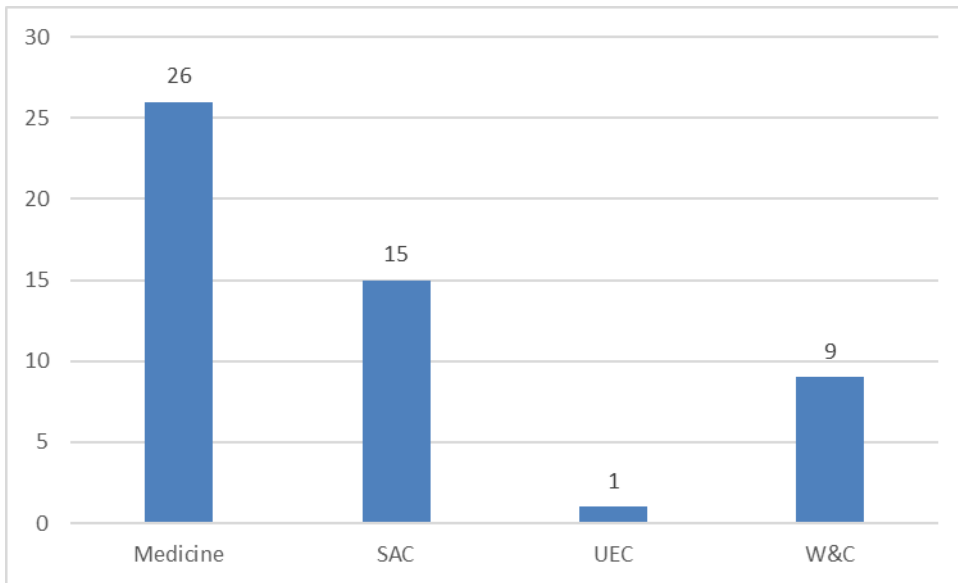


Figure 1. Exception reports submitted by Division.

Figure 1 shows that the majority of the exception reports received during this period - 26 (51%) in total - are from resident doctors working in the **Medicine Division**. This has increased from 12 exception reports (44%) in the previous report.

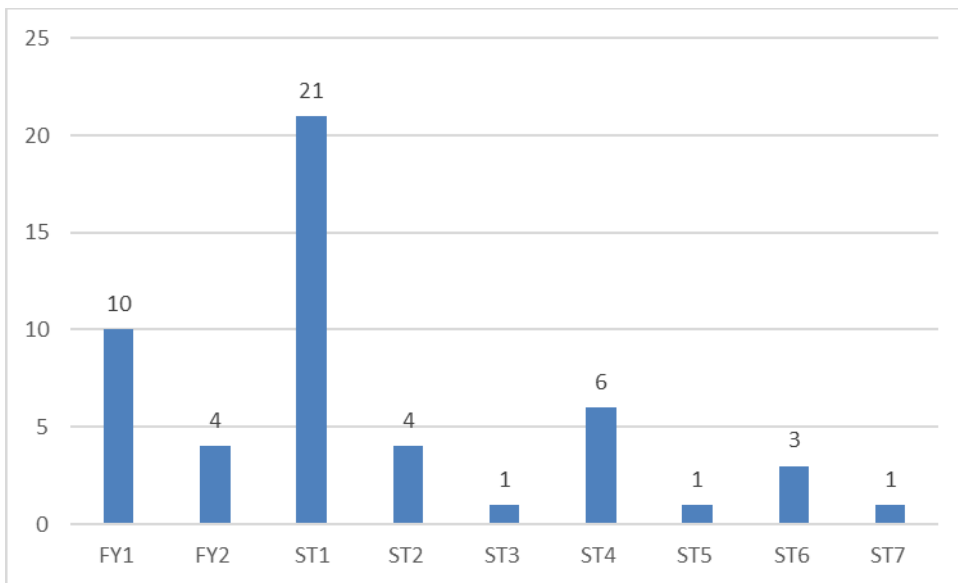


Figure 2. Exception reports submitted by Grade.

Figure 2 shows a high number of exception reports were submitted by the ST1/2 doctors. In total 10 (20%) of the exception reports have come from the Foundation Year 1 doctors, 4 (8%) from the Foundation Year 2 doctors, 25 (49%) from the ST1/2 doctors and 12 (23%) from ST3+ doctors. This is a considerable increase in exception reports from St3+ doctors which was 1 exception report (4%) in the previous report.

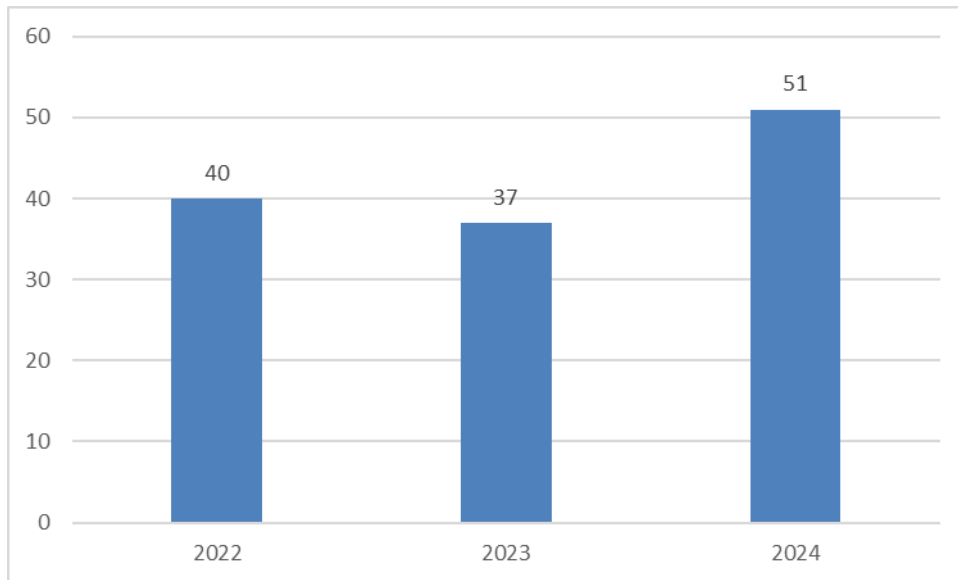


Figure 3. Comparison of number of exception reports for the same quarter between 2022, 2023 and 2024.

Figure 3 shows that for this period this year there have been more exception reports in total than in the previous years.

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
17 May 2024	ST1 in Medicine	Complex patient needing theatre coordination for central access. Stabilising for theatre transfer.	There was a need for the doctor to stay to support. The doctor was compensated for working the additional time. Consideration to be given re additional support in future.	Exception Report closed
27 May 2024	ST6 in Obstetrics & Gynaecology	Covered both the Obs & Gynae bleep from 8am until 1pm on a normal working day post bank holiday.	It was agreed that in future, discussions would need to take place regarding standing elective activity down.	Exception Report closed
28 May 2024	ST6 in Obstetrics & Gynaecology	Covered both the Obs & Gynae bleep from 8am until 1pm on a normal working day post bank holiday.	It was agreed that in future, discussions would need to take place regarding standing elective activity down.	Exception Report closed
10 Jun 2024	ST6 in Anaesthetics	No Tier 2 ICU shift covered (one less member of staff for on call team).	Workload shared amongst the team, support provided by the on call consultant.	Exception Report closed

Table 1. Immediate Safety Concern Concerns Raised.

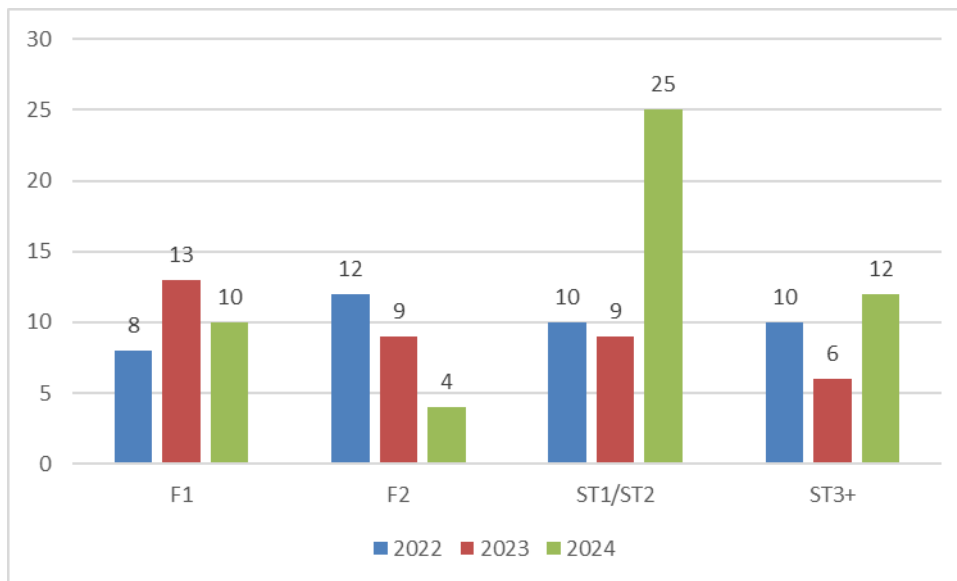


Figure 4. Comparison of number of exception reports submitted by grade for the same quarter between 2022, 2023 and 2024.

Figure 4 shows that for this period this year there have been less exception reports from the Foundation Doctors but more from the ST1/ST2 and ST3+ doctors than in the previous years. The Guardian of Safe Working is keen to encourage doctors at St3+ to exception report.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 252 resident doctors allocated by NHSE. As mentioned in the introduction, there are 26 vacancies where the Trust has not been allocated resident doctors by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 6 of the vacancies are currently filled by trust grade doctors. 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 is complete with the doctors now working through their supernumerary periods.

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, however, with the intervention of the Guardian of Safe Working and the Medical Workforce team there has been an improvement.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
May 2024 – July 2024	51% of all reports received. 26 reports
February 2024 – April 2024	67% of all reports received. 18 reports
November 2023 - January 2024	68% of all reports received. 38 reports
August 2023 – October 2023	53% of all reports received. 29 reports

Table 3 Exception reports not responded to within 7 days.

Junior Doctors Mess

Due to a change in building regulations, there has been a delay in the progress of the Doctors Mess. A plan is being produced with the aim of minimising the delay, however, the changes to install the kitchen in the mess will involve some work being required to be undertaken relating to fire compartments and this will need to be reviewed by the building Safety Regulator.

Industrial Action

A period of Industrial Action took place from 7 am on Thursday 27th June until 7am on Tuesday 2nd July 2024, just prior to the election. Talks have since taken place with the current government and an offer made which is an average of 22.3% increase over two years. This offer is currently being put to BMA members; the referendum closes on 15th September 2024.

Visiting Clinical Areas

The Guardian of Safe Working and the Head of Medical Workforce has walked around the wards and other clinical areas within the Trust on a number of occasions over the last three months to talk to doctors about the importance of exception reporting and how the role of Guardian of Safe Working supports the resident doctors.

Survey on Exception Reporting

Prior to the resident doctors leaving the Trust a survey was sent to them asking some questions about exception reporting. Unfortunately, only 26 resident doctors responded to the Survey.

The summary of responses is as follows: -

- 69% did not know who the Guardian of Safe Working is.
- 77% did know the process for Exception Reporting
- 73% have not exception reported during their time with the Trust
- 19% didn't find the process easy to follow when Exception Reporting

- 93% of those that exception reported felt supported to exception report and were satisfied with the outcome of their exception report.

For those doctors that have not exception reported, the main reasons for not doing so were that they didn't know how to exception report, they didn't have time to exception report and they were not aware of the exception reporting process.

Immediate Safety Concerns

Two immediate safety concerns have been received from Obstetrics & Gynaecology, one from Anaesthetics and one from Medicine. These have been acted on and the exception reports closed. No concerns have been raised by doctors in Acute Medicine during this quarter.

Improving Working Lives for Resident Doctors

Work is being undertaken to comply with the request from HSE and further information will be provided in the Medical Update Report for the Trust board in October and the next Guardian of Safe Working quarterly report.

Conclusion

- Note that the largest number of exception reports have been received from the Division of Medicine, closely followed by the Division of Surgery, Anaesthetics and Critical Care.
- Most Exception reports are being received from St1 doctors.
- The number of exception reports being received from St3+ doctors has increased considerably from the last report.
- Progress relating to the new doctor's mess has been delayed due to recent changes to building regulations.
- A survey has been sent to the resident doctors on Exception Reporting and although the response rate was poor, it has identified several areas of focus for August onwards.
- The Guardian of Safe Working is continuing to walk around clinical areas to meet resident doctors.

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
Doctors Mess has been delayed due to building regulation changes.	Task and Finish Group in place involving key stakeholders to support this project.	On going
Raise the profile of the Guardian of Safe Working and the process of exception reporting with the new cohort of resident doctors.	Visits to clinical areas to continue and information to be sent to the resident doctors about how to report exceptions on a regular basis in different formats. Action taken following review of exception reports also to be communicated to the resident doctors. The reporting structure for Resident Doctors Forums is also to be reviewed.	On going