

## BOARD OF DIRECTORS MEETING (Open)

Date: 14 February 2018

Item Ref:

10

<b>TITLE OF PAPER</b>	Guardian of Safe Working Report – Q3 2017/18
<b>TO BE PRESENTED BY</b>	Dr Mike Hunter, Executive Medical Director
<b>ACTION REQUIRED</b>	For the Trust Board of Directors to note.

<b>OUTCOME</b>	Trust Board of Directors to receive the Guardian of Safe Working Report as required by the terms and conditions of service for junior doctors.
<b>TIMETABLE FOR DECISION</b>	February 2018 Board of Directors
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	The challenges of filling the medical on-call rota and providing high quality medical training while Health Education England recruitment to psychiatry does not provide sufficient trainees for training placements.
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Objective 3: To recruit, develop, support and retain a skilled committed and compassionate workforce with effective leadership at every level.
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	The NHS constitution sets out commitments to education, training and development of employees.
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	The role of Guardian of Safe Working is to protect patients and doctors by making sure doctors do not work unsafe hours.
<b>CONSIDERATION OF LEGAL ISSUES</b>	The Guardian of Safe Working is a requirement in the 2016 terms and conditions of service for doctors in training.

<b>Author of Report</b>	Mike Atter, Jo Wilson
<b>Designation</b>	Guardian of Safe Working Medical Education & Staffing Manager
<b>Date of Report</b>	26 <sup>th</sup> January 2018

## SUMMARY REPORT

**Report to:** Open Board of Directors  
**Date:** 14<sup>th</sup> February 2018  
**Subject:** Guardian of Safe Working Report – Q3 2017/18  
**From:** Dr Mike Hunter, Executive Medical Director  
**Author:** Mike Atter, Guardian of Safe Working

---

### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	

### 2. Summary

The role of Guardian of Safe Working is to protect patients and doctors by making sure doctors do not work unsafe hours. The Guardian is required to submit quarterly and annual reports to the Board of Directors. This report gives details of the exception reports submitted by junior doctors when the hours they work differs from those they were scheduled to work and the actions taken as a result.

Between October 2017 and December 2017, 11 exception reports were raised. Five of these reports were due to doctors working longer due to medical emergencies; all of these were resolved satisfactory. Four reports were due to the intensity of on-call work; this will be examined further via an hours monitoring exercise in March 2018. Other reports were related to being called in to clinical duties on a special interest day and one report with insufficient detail submitted by a doctor who has since left the Trust.

The opinion of the Guardian is that system for exception reporting is working well and that all issues raised in quarter three 2017-18 were resolved satisfactorily.

### 3. Next Steps

The Guardian will next report for Q4 2017-18.

### 4. Required Actions

For the Board of Directors to be aware.

### 5. Monitoring Arrangements

Quarterly reporting to Board of Directors. Monthly verbal report from the Guardian of Safe Working to the Medical Workforce Planning Group.

### 6. Contact Details

For further information please contact:  
 Dr M. Atter – Guardian of Safe Working [Mike.Atter@shsc.nhs.uk](mailto:Mike.Atter@shsc.nhs.uk)

# QUARTERLY REPORT ON SAFE WORKING HOURS: October, November and December 2017

## Executive summary

This quarterly review covers October to December 2017. Dr Atter was appointed as Guardian for safe working hours in October. In summary, there is a robust arrangement for current and new staff to be made aware of the process of exception reporting (which they are required to do when their actual hours worked differ from scheduled working hours) The number of reports is increasing as a result of this increased awareness. All reports have been processed appropriately, and reviewed to ensure to identify any safety concerns. The theme of trainees staying beyond their work schedules to provide emergency care continues and was discussed in the Junior Doctor forum and at induction. Concerns about the intensity and frequency of out of hours shifts for the intermediate trainees, which are outside the scope of the Guardian, have been addressed. The frequency of the on call will be reduced from February 2018 with consultant support, and the out of hours mental health act assessments is expected to reduce as a result of plans to ensure assessments are conducted during working hours whenever possible. The intensity of the foundation doctors work out of hours has been raised and it was suggested that trainees work more than the 50% they are compensated for. Exception reports cannot adequately capture the detail of the on call intensity, so a repeat of hours monitoring was arranged for the foundation doctors, however the return rate was inadequate. There are plans to repeat the monitoring by the end of March 2018.

## Introduction

The 2016 terms and conditions of service for doctors in training introduced a new role, Guardian of Safe Working (GOSW), in all organisations that employ or host NHS training doctors. The roles of the Guardian include being a champion for safe working hours, attending induction to explain the guardian role to new doctors, to oversee safety relating to exception reports (submitted by trainee doctors when actual hours worked differ from those scheduled) and monitor compliance, to escalate issues for actions when not addressed locally, to require work schedule reviews to be undertaken where necessary, to intervene to mitigate safety risks and to intervene where issues are not being resolved satisfactorily. The Guardian also distributes monies received as a result of fines for safety breaches, as directed by the trainees through the junior doctors' forum and to provide assurances to both the Trust Board of Directors and the doctors in training on safe working and compliance with terms and conditions. The Guardian is required to provide a quarterly report to the Trust Board of Directors and the LMC, an annual report to the Trust Board of Directors and is responsible for providing information to external national bodies. There is also a requirement that the Guardian convenes junior doctor forums on a regular basis.

## High level data

	No of doctors in training	No of doctors on new contract
Oct-17	35	17
Nov-17	35	17
Dec-17	35	17

Amount of time available in job plan for guardian to do the role: 0.8  
Admin support provided to the guardian (if any): 0.25  
Amount of job-planned time for educational supervisors: 0.25

## Exception reports (with regard to working hours)

	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
Oct -17	5	5	0
Nov - 17	6	5	1
Dec - 17	0	0	0

Grade	Date Report Submitted	Initial Review Date	Total Days	Status
FY2	14/11/2017	21/11/2017	7	Complete
FY2	14/11/2017	28/11/2017	14	Level 1 - Incomplete
FY2	10/11/2017	16/11/2017	6	Complete
FY2	10/11/2017	16/11/2017	6	Complete
FY2	10/11/2017	16/11/2017	6	Complete
FY1	07/11/2017	08/11/2017	1	Complete
FY1	31/10/2017	01/11/2017	1	Complete
FY1	26/10/2017	27/10/2017	1	Complete
FY2	19/10/2017	19/10/2017	0	Complete
FY1	16/10/2017	17/10/2017	1	Complete
ST5	04/10/2017	05/10/2017	1	Complete

Hours Monitoring exercises for those on the 2002 contract took place in September – response rate was under 50% so no statistically valid figures are available. Hours monitoring is due to take place again in March 2018.

## Work schedule reviews

No Work Schedule Reviews have currently been undertaken.

## Locum bookings

Month	Internal	Agency	Total Locum spend
Oct-17	£ 1,118.86	£ 5,727.13	£ 6,845.98
Nov-17	£ 1,783.25	£ 5,244.74	£ 7,027.99
Dec-17	£ 2,319.08	£ 10,533.38	£ 12,852.45

Locum bookings (Agency)				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
October	9	9	112.5	112.5
November	9	9	103.5	103.5
December	18	18	200	200

Locum bookings (agency) by grade - October				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
FY/CT1-3	2	2	25	25
ST4+	7	7	87.5	87.5
Locum bookings (agency) by grade - November				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
FY/CT1-3	0	0	0	0
ST4+	9	9	103.5	103.5
Locum bookings (agency) by grade - December				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
FY/CT1-3	6	6	62.5	62.5
ST4+	12	12	137.5	137.5

Locum bookings (agency) by reason - October				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0	0	0	0
Sickness	2	2	25	257
Other	7	7	87.5	87.5
Locum bookings (agency) by reason - November				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0	0	0	0
Sickness	0	0	0	0

Other	9	9	103.5	103.5
<b>Locum bookings (agency) by reason - December</b>				
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0	0	0	0
Sickness	2	2	25	25
Other	16	16	103.5	103.5

(Other includes carer leave, OOP and risks due to pregnancy)

<b>Locum work by trainees</b>						
Month	Grade	Number of shifts worked	Number of hours worked	Number of hours rostered per week	Actual hours worked per week	Opted out of WTR?
Oct-17	SPR	4	16.0	40	56.0	N
Oct-17	F2	1	4.5	40	44.5	N
Oct-17	CT	1	3.5	40	43.5	N
Oct-17	CT	1	3.5	40	43.5	N
Nov-17	SPR	1	4.5	40	44.5	N
Nov-17	SPR	3	29.5	40	69.5	N
Nov-17	SPR/SAS	1	4.5	40	44.5	N
Nov-17	CT	1	3.5	40	43.5	N
Dec-17	CT	3	37.5	40	77.5	N
Dec-17	CT	2	9.0	40	49.0	N
Dec-17	SPR	1	4.5	40	44.5	N
Dec-17	CT/SAS	1	4.5	40	44.5	N

The rota's are currently fully staffed with no gaps, and locums are used for unpredicted changes such as short notice sickness

### **Fines**

No Fines have yet been levied.

## **Qualitative information**

The Trust started using the allocate exception reporting software in August 2017 and new trainees were given training in exception reporting and were introduced to the system in induction. The Trust also offered that the opportunity for exception reporting to all trainees on the old contract (even though this is not required) to ensure a clear understanding current working conditions.

Exception reports received during Q3 2017/18 were mainly related to issues where medical emergencies occurred towards the end of a shift resulting in staff remaining beyond their scheduled working hours in order to safely manage the situation. Three reports on the ward refer to this situation and one in the community. The system of exception reporting appears to have prompted discussions with Clinical Supervisors and facilitated reflection and learning about time management and the use of resources. In the Junior Doctors Forum (minutes attached) this issue was addressed and support was given to trainees to use the on call doctors, and hand over mechanisms appropriately. All such occurrences have been resolved by offering time off in lieu except where it was agreed that no action was needed. There have been periods where the workload on wards has been high, when doctors have been covering colleagues on leave, leading to extra hours worked. When time off in lieu is given as compensation, this can exacerbate the problem, and reduce the numbers of trainees on the wards.

The intensity of the on call work was the subject of four exception reports. The new junior contract allows that out of hours duties on the ward are paid on the understanding that trainees would be working on average 50% of the time and would be resting for at least 25% of the time. Exception reports indicated times when staff had worked above the expected 50%. The exception reporting does not provide information when trainees are working under the expected 50%. Discussions with the BMA and LNC in the November junior doctor forum led to the recommendation of a further period of monitoring, scheduled for March 2018.

One exception report was relating to the need for a higher trainee to come to work on a special interest day, to support the foundation trainee at a time when there was limited cover for the consultant who was on annual leave.

One over due report has inadequate information to interpret the circumstances and the trainee has left the Trust.

## **Actions taken to resolve issues**

The themes above were discussed in the junior doctor forum in November. Informal feedback indicates that junior trainees are using the on call handover system effectively to avoid extended working.

The issues of increased frequency and intensity of the higher trainees on call is being addressed by changing the system by which mental health act assessments are arranged during the day. There is a city wide AMPH team and a dedicated Sec 12 doctor during office hours, who should be able to process MHA assessments requests and limit the number of planned assessments that take place outside of working hours.

The higher trainees out of hours on call rota will be reduced to 1 in 10 intensity from February with slots being filled by consultant volunteers.

The issue of cross cover will be discussed at the junior doctors forum in February. A session will be delivered at the special education committee CPD session in January by Dr Atter to raise awareness of the role of the guardian of safe working hours and the process of exception reporting.

### **Summary**

During this period of time, the exceptional reporting procedures have become well understood by trainees. Exceptional reports were resolved between the trainees and their clinical supervisor who used reflected episodes of unpredicted clinical demand. As Guardian, I am comfortable with the overall safety of working hours in the organization, and that issues are on the way to being resolved.



## Appendix

### Junior Doctor Forum Wednesday 25<sup>th</sup> October 2017, 15:00-17:00

Mayfield Suite, Fulwood house

#### **In attendance:**

Dr Mike Atter, Guardian of Safe Working	MA
Shazia Khan, BMA Industrial Relations Officer	SK
Dr Mike Hunter, Medical Director	MH
Dr Paul Miller, LNC Chair	PM
Dr Jaazzmina Hussain, BMA Representative (Higher)	JH
Dr Mara Popovici, BMA Representative (Core)	MP
Dr Shakirudeen Bello, Core Psychiatry Trainee	SB
Dr Michael Milmore, Specialty Registrar on General Adult Psychiatry & Psychotherapy	MM
Dr Frances Norman, Specialty Trainee Registrar – General Practice	FN
Dr Lucy Beales, Specialty Trainee Registrar – General Practice	LB
Dr Edward Fearnley, Core Psychiatry Trainee	EF
Dr Lydia Akinola, Foundation Year 2 Doctor	LA
Jo Wilson, Medical Education & Staffing Manager	JW
Gemma Rodgers, Medical Staffing Coordinator	GR
William Wright, Medical Education Admin Assistant	W

#### **NOTES**

##### **Apologies**

None

##### **Matters Arising from Previous Meeting (15th March 2017)**

Meeting in August did not go ahead. Action points from prior meeting in March 2017 reviewed.

##### **Confirmation of exception reporting process**

Discussed later in meeting.

##### **Software issues**

Resolved with the introduction of Allocate software. JW confirmed all logins and training had been distributed.

Open BoD Feb 2018 - GSOW

#### **ACTION**

## **Role of the Guardian**

MA detailed his role as Guardian of Safe Working (GOSW).

MA offered to attend JDCs. MP welcomed the attendance of GOSW at JDC.

## **Exception Reports – Information Required, Process & Outcomes**

Discussed BMA Model Constitution. SK confirmed that 50% of all junior doctor representatives/membership must be present to validate decisions made at the Junior Doctor Forum. Medical Students to be offered the opportunity to attend the Junior Doctor Forum.

JW detailed the exception reporting process. MA Acknowledged that an accurate understanding of work patterns cant be established by exception reports alone, as the times when there is less than 50 % intensity is not captured. Hours monitoring is the only way of accurately capturing the patterns. Query regarding hours paid for on-call discussed. New contract assumes 25% rest, SHSC calculations come at 50%. SHSC hours monitoring came out at 51% in September 2017.

LA raised issue with work schedule and pay inconsistencies amongst foundation doctors. JW confirmed work schedules are being reviewed and error is being queried with Allocate. Difficulties with equality across rota & pay calculations discussed in detail. Forum recognised that the 50% actual hours worked during on-calls may not be accurate across length of rota with a fluctuation in shift intensities. Option of additional hours monitoring exercise discussed, agreed this is an issue to be raised at the next LNC.

Discussed when exception reporting is appropriate. Confirmed that missing educational opportunities can be raised as an exception report. SK verified that exception reports can be made against any variation from the work schedule. Forum discussed the importance of ensuring exception reports are made in a timely manner with as much detail as possible.

## **Update from Guardian**

MA confirmed that there has been a total of 25 exception reports from 8 individuals.

Current themes from reasons given for exception reports received:

1. Inpatient wards workload with admissions or medical emergencies after 4pm.
2. Cross cover between wards
3. High level of routine work becoming unmanageable.

Forum discussed the importance of ensuring a safe handover is made at Open BoD Feb 2018 - GSOW

➤ **MP to check with JDC**

➤ **List of nominated representative s/membership required.**

➤ **JW to discuss issues raised by LA separately with her.**

➤ **JW reviewing work schedules and querying issues with Allocate.**

➤ **JW to share hour monitoring data with the next LNC.**

➤ **SK to circulate BMA guidance on exception reporting.**

➤ **JW to provide MP with FY email addresses in order for them to be invited to**

5pm to out of hours medics. Recognised that current system allows for a timely and safe handover. Reasons for not handing over discussed within forum, lack of confidence, personal pride in work and a concern regarding other medics perceptions identified as possible causes.

Conversation arose around inpatient workloads, recognised that wards are "bottom heavy" with high percentage of workload being given to junior doctors.

### **Feedback from Junior Doctors**

LA raised concern regarding FY supervision and communication with FYs. Forum discussed concerns and recognised efforts are being made to improve this.

MP raised query regarding current junior doctors on the old contract moving across to the new contract. This was identified as a query to be raised at the LNC. Also raised concern over low morale, low interest in becoming representatives. Forum discussed the issue and recognised rota improvements would help SHSC relations with junior doctors. In addition it was brought to the forum that some junior doctors may not exception report due to the relationship they have with their Clinical Supervisor/Consultant. Forum explored these issues with the recommendation that efforts need to be made at a 'grass roots' level to empower junior doctors. MA offered opportunity to contact him if not confident with exception reporting. Forum recommended that exception reporting should be included in structured supervision.

JH brought to forum's attention that higher trainees are concerned about not meeting clinical competencies due to rota intensity. Concern discussed with recognition of efforts being made to resolve the on-going rota concerns.

### **Disbursement of Fines**

No fines enforced with no funds to disburse.

### **Any Other Business**

Discussed what potential fine funds can be spent on. Confirmed funds cannot be spent on anything that should already be provided as part of training e.g. library. Forum encouraged the use of any future funds on social, morale building events for the junior doctors. PM suggested use of funds to bring in inspiration speakers; this was supported by the forum.

### **Date of Next Meeting**

Next meeting to take place on Wednesday 10<sup>th</sup> January 2018 at 13:00. Room venue to be confirmed.

➤ **the JDC.  
Including  
exception  
reporting in  
supervision to  
be raised at  
the CPD SEC.**

➤ **WW to identify  
a venue**