

<b>Meeting Title</b>	<b>People Academy</b>		
<b>Date</b>	<b>28 April 2021</b>	<b>Agenda item</b>	<b>PA.4.21.11</b>

## GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING ANNUAL REPORT 2020-21

<b>Presented by</b>	Dr Ray Smith, Chief Medical Officer		
<b>Author</b>	Dr Joanna Glascodine, Guardian of Safe Working Hours		
<b>Lead Director</b>	Dr Ray Smith, Chief Medical Officer		
<b>Purpose of the paper</b>	Provide assurance that doctors and dentists in training are working safe hours		
<b>Key control</b>	High Level Control for Objective 1 & 3		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>			
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	

### Key Options, Issues and Risks

The 2016 junior doctor contract requires the Guardian of Safe Working Hours to submit a quarterly report to the board to provide assurance that doctors and dentists in training are working safe hours. Information on exception reporting, work schedule reviews, rota gaps and fines levied will be presented. This report covers the period 1 April 2020 – 31 March 2021.

### Analysis

Trainees submit exception reports if working beyond contracted hours or educational opportunities are missed. The Guardian monitors hours-related reports, while the Director of Education monitors training-related reports.

There were 107 exception reports submitted during this year, highlighting concerns around working hours/rest and missed educational opportunities.

In total, 102.5 additional hours were reported by junior doctors.

### Recommendation

Overall, exception reporting is down compared to previous years, which is largely explained by covid.

The junior doctor rest facility funds are now being used in different areas for the trainees although this is not yet complete due to delays with covid.

Dr Joanna Glascodine took over the role of Guardian from Dr Andy Brennan in October 2020.

The junior doctor forum now meets every 2 months instead of quarterly which increases the chance for the junior representatives to share concerns from their colleagues.

A high locum requirement continues in emergency medicine and general medicine, reflecting these high-pressure specialties with rota gaps. The numbers of locums in medicine dramatically increased with covid.

There has been an increase in education related exemption reports this year due to the introduction of self-development time for FY2 doctors.

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Many changes were made to rotas due to covid this year but they have all now returned to pre-covid. The 2 remaining red wards are covered by the juniors already covering respiratory and elderly.

Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern whilst we work to find a long-term solution.

There were some issues getting all annual leave allocated due to covid and the trainees were given payment in lieu for this this.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Actions have been taken to resolve existing issues.					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please delete those that are not applicable)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Staffing
Other (please state):

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<b>Relevance to other Board of Director's Committee: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Introduction

The 2016 junior doctor contract includes a requirement for there to be a Guardian of Safe Working Hours who will submit an annual report to the Board to provide assurance that doctors and dentists in training are working safe rotas and that working hours are compliant with terms and conditions.

## Exception reports

Trainees submit exception reports if working beyond contracted hours or educational opportunities are missed. The Guardian monitors hours-related reports, while the Director of Education monitors training-related reports. The exception reporting process is a crucial part of the junior doctors' 2016 contract as it allows contemporaneous reporting of issues, feeding in to the trust and HEE's quality processes, with potential to drive improvement.

There were 107 exception reports submitted for the period 1 April 20 – 31 March 21. The majority related to additional hours worked. There were 20 highlighted educational concerns, submitted by junior doctors following a request to let me know when Foundation doctors were not getting their self-directed learning time. In total, 102.5 additional hours were worked by junior doctors. Additional hours may be recognized with a supplementary payment, time-off-in-lieu or no action.

Table 1 shows the top 5 reporting specialties. Table 2 shows the outcomes of exception reports. Figure 1 shows the hours-related exception reports for the year.

Table 1: Number of exception reports by top 5 specialties April 2020 – March 2021.

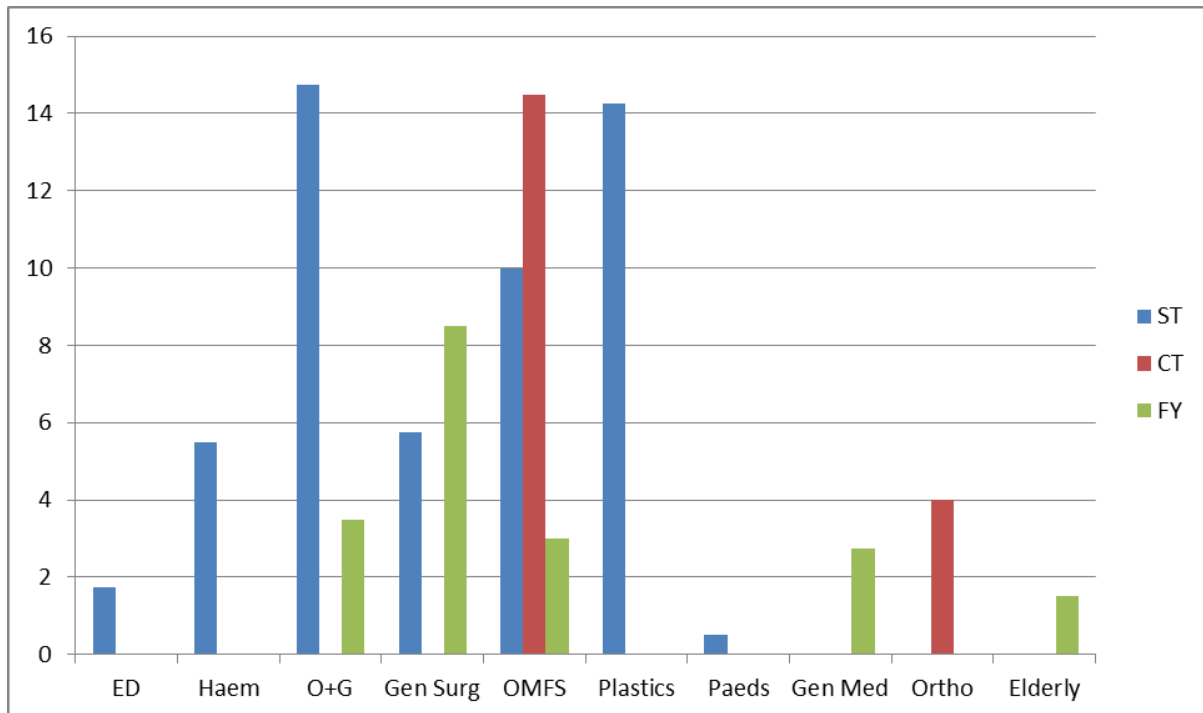
Exceptions by Speciality	Hours/work pattern	Educational	Service support / patient safety
O+G	17	2	0
Emergency Medicine	10	7	0
General Surgery	13	2	0
OMFS	14	0	0
General Medicine	6	5	1

Table 2: Exception report outcomes April 2020 – March 2021

Outcomes	
Payment	44
No further action	38
TOIL	15
Yet to conclude	8
Prospective change to work schedule	2

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Figure 1: Exception reports (hours) by specialty and training grade April 2020 – March 2021



### Work schedule reviews

Every trainee agrees a work schedule with their educational supervisor. A work schedule review takes place when changes are needed to ensure safe working hours or to provide better training opportunities. Only 2 exception reports led to a provisional work schedule review for one surgical trainee but their work schedule has not been changed yet.

### Rota gaps

A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. We currently employ 60 fellows (27 junior level and 33 registrar level). We are currently waiting for the latest information from HEE so will update this as soon as we can.

### Locum bookings

Rota gaps may be filled by bank or agency locums via the flexible workforce team. The two departments requesting the highest numbers of junior doctor locums were Medicine and the Emergency Department (see Figure 2). These two departments are usually those with the highest locum requests but I note the locum requests from Medicine significantly increased this year with covid. Finance sent a report regarding locum costs this year (see Figure 3). Please note that the costs for 'covid' would be under the locum requests from Medicine.

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Figure 2: Locum shifts by department April 2020 – March 2021

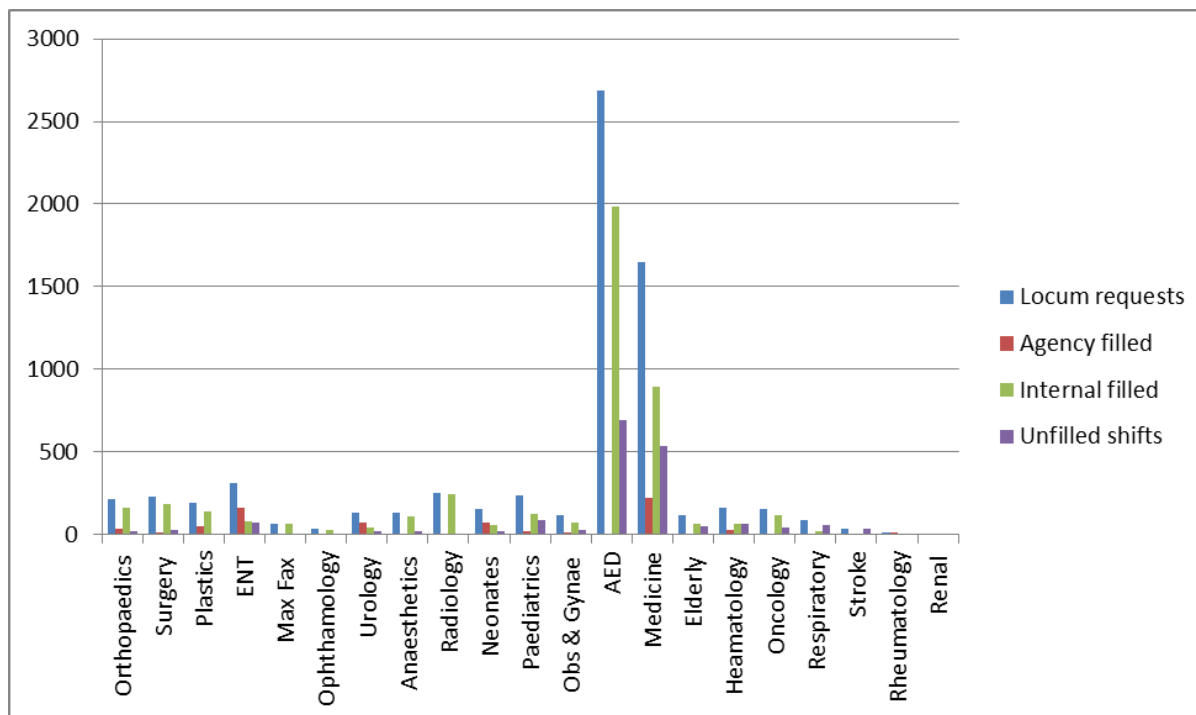
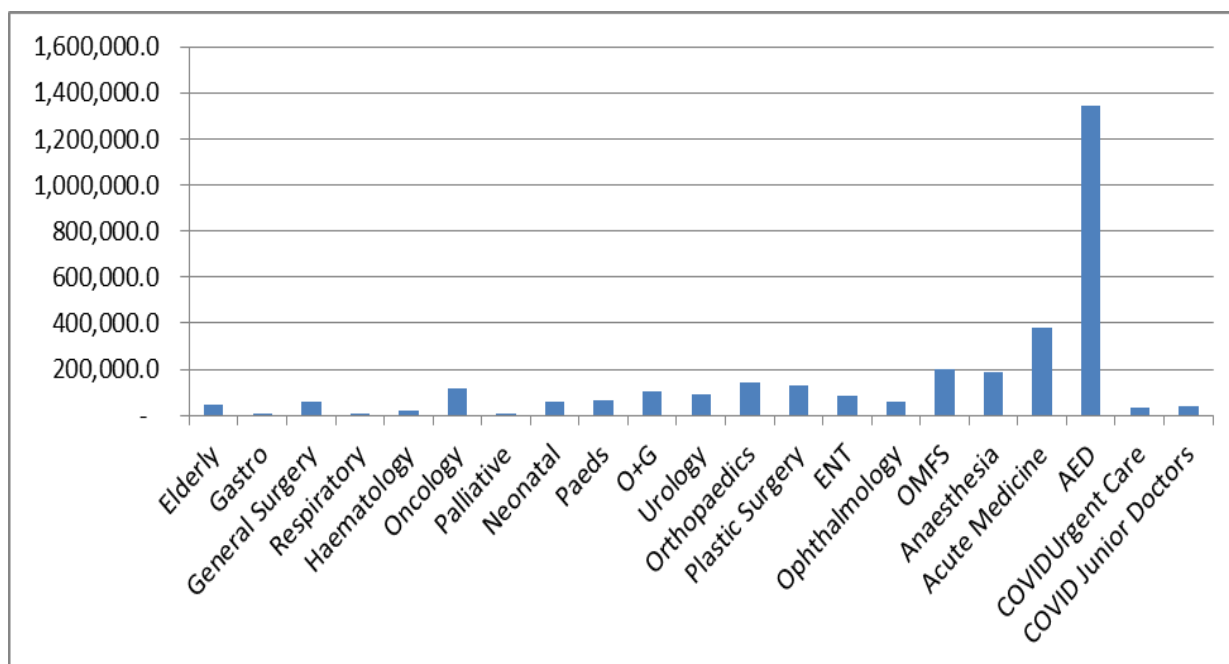


Figure 3: Locum costs by department April 2020 – March 2021



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## Fines

The Guardian of Safe Working Hours can apply fines if breaches of working hours and rest periods occur. Examples of potential breaches are exceeding the 48-hour average working week, exceeding 72 hours of work in 7 consecutive days, lack of 11 hours rest between shifts, or missed breaks. There have been no fines during this financial year.

## Summary

Exception reporting was not surprisingly down significantly this year. In the first quarter of the year which was at the start of the covid-19 pandemic; there was only one exception report. Although I am sure there were times that trainees worked late or didn't get enough rest time they just saw it as an exception circumstance and as a result there were very few reports. This picked up as they returned to non-covid rotas but the numbers are still down overall.

The junior doctor rest facility funds are now being used in different areas for the trainees although this is not yet complete due to delays with covid. The money has been used to improve the doctors' mess and areas for anaesthetic and surgical trainees.

Dr Joanna Glascodine took over the role of Guardian from Dr Andy Brennan in October 2020. Big thanks to Dr Brennan for all of his hard work as the Trust's first Guardian.

The junior doctor forum had asked for more than quarterly meetings. Since Dr Glascodine has taken over the role there is now a junior doctor forum every 2 months which gives the trainee representatives a chance to air their concerns more frequently.

A high locum requirement continues in emergency medicine and general medicine, reflecting these high-pressure specialties with rota gaps. The numbers of locums in medicine dramatically increased with covid which is to be expected.

There has been an increase in education related exemption reports this year due to the introduction of self-development time for FY2 doctors which we (Director of Education and I) asked the trainees to report if they were not able to get this. This will become mandatory for FY1 doctors from August so we will continue to monitor this. The plan is for this time to be included in the rota.

Many changes were made to rotas due to covid this year but they have all now returned to pre-covid. The 2 remaining red wards are covered by the juniors already covering respiratory and elderly.

Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern whilst we work to find a long-term solution.

There were some issues getting all annual leave allocated due to covid and the trainees were given payment in lieu for this. Part of the issue was the Carol Hancock retired and returned part-time so there were less people looking at leave to be able to approve it. She has now returned part-time. I will continue to monitor this issue.