

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>14.07.22</b>	<b>Agenda item</b>	<b>Bo.7.22.35</b>

## GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING ANNUAL REPORT 2021-22

<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>	For information	
<b>Previously discussed at/ informed by</b>	Quarterly reports previously discussed at People Academy meetings	
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>
	People Academy PA.5.22.12	25.05.22
<b>Key Options, Issues and Risks</b>		
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 2021 – 31 March 2022.		
<b>Analysis</b>		
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 204 exception reports submitted during this year, highlighting concerns around working hours/rest and missed educational opportunities.		
In total, 165.25 additional hours were reported by junior doctors.		
<b>Recommendation</b>		
There was a 91% increase in exception reports in 2021/22 compared with 2020/21 which will be partly due to the return to non-covid rotas.		
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 and continue to be high.		
There are no trainees on covid rotas at the end of the financial year.		

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Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern.

There continue to issues with trainees being able to get both annual and study leave.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					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.					

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
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"/>

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Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Risk Assessment Framework  <input type="checkbox"/> Code of Governance         </div> <div> <input type="checkbox"/> Quality Governance Framework  <input type="checkbox"/> Annual Reporting Manual         </div> </div>
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## GUARDIAN OF SAFE WORKING HOURS DOCTORS AND DENTISTS IN TRAINING ANNUAL REPORT 2021-22

### 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.

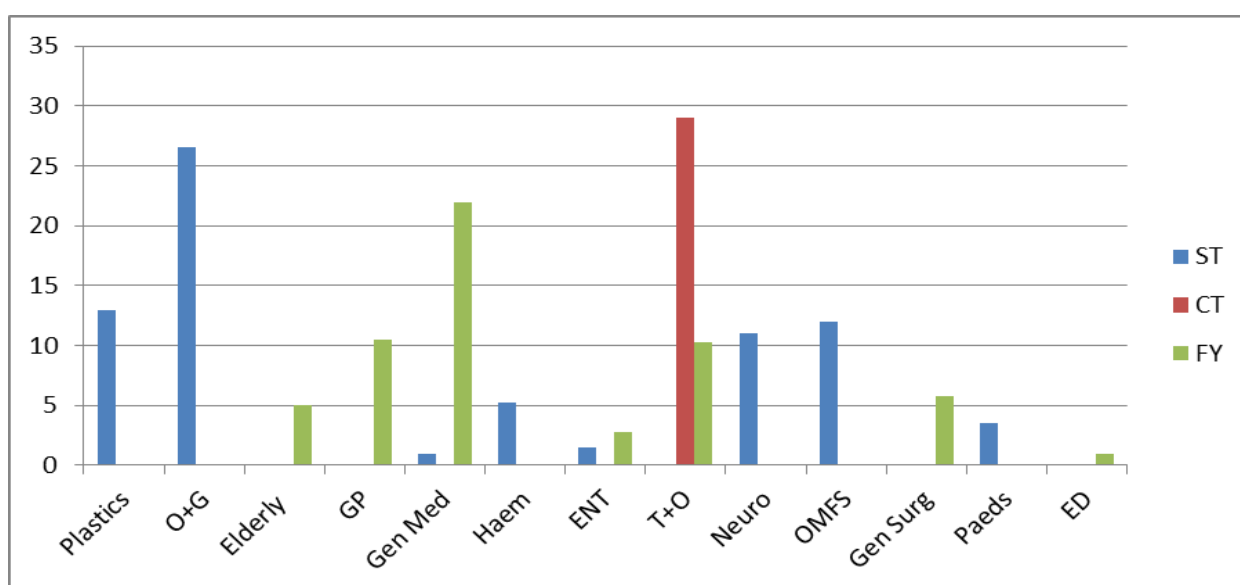
There were 204 exception reports submitted for the period 1 April 21 – 31 March 22. The majority were related to additional hours worked (see Table 1). There were 21 highlighted educational concerns, submitted by trainees which were mostly related to self-development time (SDT). SDT is similar to SPA time in consultant contracts, it gives trainees time to carry out non-clinical activities for example; educational meetings, working on audits/QIPs or doing some work on the ePortfolio. The recommended time is 2 hours a week for foundation doctors. The plan this year was to incorporate SDT into rotas but due to staffing issues this has not always been possible. In total, 165.25 additional hours were reported by trainee doctors and in most cases (66%) payment was offered and accepted. Figure 1 shows the number of additional hours reported by trainees by speciality and grade.

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Table 1: Number of exception reports by top 5 specialties April 2021 – March 2022.

Exceptions by Specialty	Hours/work pattern	Educational	Service support / patient safety	Total
Trauma & Orthopaedics	51	3	0	54
General Medicine	26	11	15	52
Obstetrics & Gynaecology	32	0	1	33
Plastics	10	2	1	13
Emergency Medicine	9	3	1	13

Fig 1: Exception reports (hours) by specialty and training grade April 2021 – March 2022



## 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. 13 exception reports discussed a potential change to the trainees work schedule. 4 of the cases from one Orthopaedics Core Trainee led to a change for all trainees who finished nights and were staying for all of the morning Trauma meeting

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now are encouraged to leave at the end of their shift and not until the end of the meeting. The other 9 cases when I have read the reports don't actually discuss a change to the work schedule so maybe have been selected incorrectly on the system.

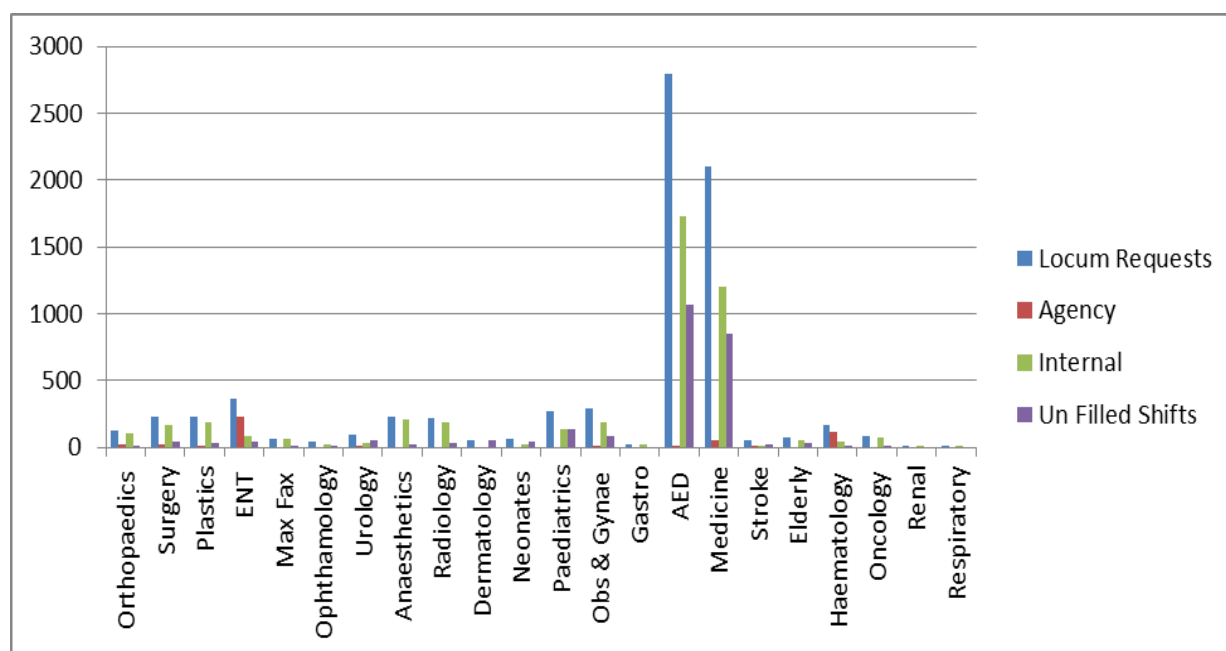
### Rota gaps

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. There are currently 73 unfilled training posts out of a total of 497 but the Trust also employs 60 non-training fellows which will partly help to fill some gaps.

### 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 last year with covid and have continued to rise (28% increase from 2020/21) whereas the locum requests for ED remain stable. Finance has been unable to provide a report of costs of locums per department this year.

Fig 2: Locum shifts by department April 2021 – March 2022



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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/Discussion

There was a large increase in exception reporting this year (91%) which in part will be due the return to standard rotas following covid.

The 3 highest reporting specialities were Orthopaedics, General Medicine and Obstetrics and Gynaecology. The Orthopaedic core and foundation trainees reported consistently during quarter 3 to highlight the issue that trainees were staying late after nights to complete the trauma meeting. These reports have now stopped and I am assured that trainees are now encouraged to leave at the end of their shift even if the Trauma meeting hasn't finished.

The next 2 have both consistently reported throughout the year so will take a little time to discuss them. General Medicine Foundation trainees have reported about staying late but the bigger concern to me is the level of service support / patient safety reports. This does not appear to be an issue on the admissions wards but in downstream medical wards and the lack of clarity over who covers medical outliers on surgical wards. Some of the issues earlier in the year were related to covering of short-term covid wards but now is more commonly the medical wards and Ward 17 in particular. There is often only one doctor available for the whole ward that needs to go on the ward round (which will take most of the morning) and then do all the jobs, discharges and review any new patients or those who become unwell. There was a Physician associate on Ward 17 but she has been on Maternity Leave. Junior medical trainees are also struggling to get all there allocated leave and when annual leave is approved it then leaves the wards short staffed. I raised the possibility of fixed leave within the rota but this would need to be approved by every trainee so unlikely to work.

The Obstetrics and Gynaecology registrars have again consistently reported throughout the year. They have gaps on their Registrar level rota and despite the team trying to recruit have been unsuccessful until now (I understand 2 middle grade doctors will join in September). They report finishing clinics (especially antenatal clinic) late every time due to overbooking and poor staffing, they feel that this is very unsafe level of patients for each of them to be responsible for and that this is causing a patient safety issue. It has been escalated by the trainees themselves and I have taken it to the college tutors and this has been shared with clinical lead and general manger. Another area they are concerned about is the locum rate. They know that some of the Bradford trainees would go to Calderdale for a higher hourly rate. This again has been escalated through HR and discussed at LNC.

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 but has continued to rise this year too.

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Palliative medicine remains the only non-compliant rota (due to weekend working pattern). The trainees in post are happy with their current pattern and we have agreed to discuss with any new trainees moving into post. The current Palliative Care trainees now join the Junior Doctor forum to update us.

There have been ongoing issues for trainees getting their annual leave approved this year and we have informed them that will only be paid for 5 days so have encouraged them to take when they can (rather than all taking at the end of the rotation). There have also been ongoing struggles for trainees to get study leave or even to attend clinics which are all due to rota gaps and sickness (both long term and short term mostly due to covid).

The representatives at the Junior Doctor Forum report that morale in the junior doctor body is low. This of course depends on many factors but trainees in Obstetrics and Gynaecology, General Medicine and Foundation trainees in particular appear to be effected for the reasons described above. Our Foundation trainees have started their careers in the middle of the pandemic and ongoing major staffing issues within the Trust and NHS as a whole.