

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	6 November 2024		

Title of Report:	Guardian of Safe Working Annual Report
Status:	For Information
Board Sponsor:	Andrew Hollowood, Chief Medical Officer
Author:	Dr Lukuman Gbadamoshi, Guardian of Safe Working
Appendices	None

<b>1. Executive Summary of the Report</b>
The report gives an update of the current status of the national implementation of the junior doctors contract across the Trust by the Guardian of Safe Working

<b>2. Recommendations (Note, Approve, Discuss)</b>
The main outline of the report is for noting and discussion as appropriate.

<b>3. Legal / Regulatory Implications</b>
There are no legal or regulatory implications regarding the 2016 contract. The GMC mandates a clear educational governance structure within each trust.

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
Currently, no risks have been identified on the risk register regarding the 2016 contract. This will be reviewed in liaison with the Medical Workforce Planning Group as required.  Risks identified relate to patient safety, as noted already on the HESW Quality Risk Register and to risk of withdrawal of trainees in unsatisfactory placements.

<b>5. Resources Implications (Financial / staffing)</b>
The financial implication of the implementation of the contract for all junior doctors in training across 38 rotas has been previously reviewed.

<b>6. Equality and Diversity</b>
An equality impact assessment for the contract has been previously attached.

<b>7. References to previous reports/Next steps</b>
Updates on the 2016 junior contract have been highlighted monthly through the medical workforce planning group which is held monthly with the Medical Workforce Planning Group.

<b>8. Freedom of Information</b>
Public involves finance.

<b>9. Sustainability</b>
N/A

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<b>10.</b>	<b>Digital</b>
N/A	

## 1. Executive Summary

The 2016 Junior Doctor contract has been introduced for all doctors in training employed at the Trust. This report summarises the exception reports raised over the 12 months in 2023 and the use of additional internal and external locum / agency staff to cover additional workload and rota gaps.

## 2. The Guardian of Safe Working

The Guardian of Safe Working position has been recruited to since August 2016. One of the key changes of the 2016 contract is the introduction of a system called exception reports. This system allows doctors to submit a report when their actual hours of work vary from their rota, they fail to get adequate rest breaks, or they are unable to attend agreed educational activities due to service commitments. This system replaces a previous system of rota monitoring which was widely viewed as no longer being fit for purpose.

The new system requires the junior doctor's supervisor to meet with the doctor and discuss the reasons for each report being submitted. In the case of additional hours being worked a decision is then made to either allow the doctor compensatory time off in lieu or payment for the additional hours. The reports are subsequently reviewed by the Medical HR department and the Guardian of Safe Working to ensure safe working limits are not exceeded. Where these limits are breached there may be a "fine" levied against the division involved. The contract refresh has placed increased emphasis on an educational supervisor reviewing and discussing any exception reports in a timely manner – the target is to have a review within 7 days of submission. This target is particularly challenging as delays can be caused by both junior doctor and supervisor workload and work pattern. However, considerable work by the Medical HR team and the Divisional teams has seen a consistent reduction in the average time taken to sign off reports:

## 3. Progress

- There has been a continued drive to raise the awareness of the junior doctor's contract and its implications by attending junior doctor's induction and teaching sessions, encouraging exception reporting and promoting a change in culture amongst junior staff.
- Now regular meetings are held between HR and Guardian of Safe working to ensure Rotas and other HR related issues are dealt with in real time.
- The method of payment of accepted exception reports appears to work well.
- Chairing of Junior Doctor's Forum by junior doctor representative.
- Uncoupling of ENT and Obstetrics and Gynaecology Junior doctors on-call
- The number of exception reports continues to decrease compared to the previous year – this is likely due to increase in the workforce (number of junior doctors rather than decrease in workload), however there still remains significant challenge with cover at weekends and night-time especially when there is short term gap due to sickness.

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- Discussion ongoing regarding spending of the accrued fines by the guardian of safe working, which is currently estimated to be over £50 000.
  - The money raised through fines must be used to benefit the education, training and working environment of trainees according to the 2016 contract.
  - So far there has been contribution toward the junior doctors' netball team

**Background data: The table below illustrates the total number of junior doctors at the RUH.**

Number of RUH Employees	6,114
Number of RUH doctors (approx. total excluding bank workers)	761
Number of doctors in training (approx. total)	Last year 296, currently 316
Number of Locally Employed Doctors at Doctor in Training level	97
Number of doctors in training rosters* (approx.)	Total 82 template rotas (*rosters are held within the division – template rotas will include LTFT rotas taking part in a roster so there will be less rosters than template rotas)  <u>Divisional split</u> 22 Medicine Division 35 FASS 25 Surgery
Number of doctors in training on the 2016 contract (approx. total)	
• F1	Last year 43 now 51
• F2	39 now 47
• Core Surgical Trainees 1-3/IMT 1-3	68
• GPST	40 now 38
• Specialty Trainees (ST4+)	106 (excluding honorary STRs)
Job planned time for Guardian	1PA
Total per Doctor in Training Educational Responsibility comprising:	0.25 PA
• Job planned time for Educational Supervisors	0.125PA
• Job planned time for Nominated Clinical Supervisor	0.125PA

#### 4. Exception reporting

- The exception report system replaces rota monitoring and is intended to provide the Trust with “real time” data on rotas with potential problems so that changes can be made more quickly. This will allow the Trust to monitor new, stricter limits to the number of hours a doctor is asked to work. It is important to note however, that many potential “exceptions” go unreported.

The exception reports data below covers the preceding 12 months, from 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024

283 Total number of Exception reports

- 252 related to working hours
- 16 related to missed educational opportunity
- 5 Numbers with immediate safety concern
- 8 Service available to doctors (mainly Phlebotomy)
- There were some ER recorded on system as unresolved, but payment has been made to the trainees affected.
- £55119 fine imposed on Trust (guardian of safe-working fines) to be spent according to the 2016 contract.

Speciality	Apr23	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan24	Feb24	Mar24	Total
Dermatology	0	0	6	0	0	0	0	0	0	0	0	0	6
Neurology	0	3	0	0	0	0	0	0	0	0	0	0	3
Trauma and Orthopaedics	0	1	2	6	2	3	0	4	0	2	3	0	23
Gastro	1	10	6	1	0	7	2	12	8	12	9	8	76
Endocrinology	1	1	4	0	0	1	3	0	0	0	0	1	11
Respiratory	0	1	0	0	1	5	0	4	0	1	0	0	12
General Surgery	1	1	1	3	5	1	5	2	5	1	1	1	27
Cardiology	2	1	2	0	3	3	0	4	1	2	1	1	20
Geriatrics	2	5	5	0	2	11	8	2	5	2	10	8	60
Accident and Emergency	1	0	0	0	0	0	0	0	0	3	0	0	4
Oral and Maxillofacial	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics and gynaecology	0	0	0	0	8	8	3	1	0	1	4	0	25
Psychiatry	0	0	0	0	1	1	0	2	0	0	0	0	4
Acute Medicine	1	0	0	0	1	2	1	0	0	4	0	0	9
Rheumatology	0	0	0	0	1	0	0	0	0	0	0	0	1
Paediatrics	0	0	0	0	0	0	0	0	1	0	1	0	2
Total	9	23	26	10	24	42	22	31	20	28	29	19	283

The table above shows the total number of exception reports for the reporting period 2023-2024. The issues highlighted based on this exception reports as below:

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Most of the exception reports were for doctors working longer than their contracted hours, the minimum extra time worked for the exception report being 30 minutes with the maximum time being 3 hours. Most of the exception reports resulted in payment for the extra time worked very few resulted in time off in lieu.

The number of exception reports tend to peak around August/September, this has been the pattern in the last three years post covid. The increase in those months can be attributed to junior doctors getting used to the hospital system at the beginning of their rotations and attachment to the various departments.

The number of exceptions reports were also decreased significantly in the months of the junior doctors' industrial strike action mainly in April and July.

The reports showed an increase in exception reports from doctors in gastroenterology, geriatrics medicine and obstetrics/gynaecology.

The feedback from gastroenterology department is that annual and sick leave and change in MNP support has impacted on workload on the ward. The team were aware of the challenges some of which are still ongoing, to mitigate the challenge advertisement was placed for new trust doctor post and MNP cover. The juniors in gastroenterology department were also encouraged to submit exception report so as to monitor the situation.

The main issue captured in Obstetrics/Gynaecology is the combined on-call rota with ENT. The feedback from trainees is that covering both speciality is challenging especially with the expertise often required in ENT. The director of medical education was also made aware of the issue. After discussion at a Trust level a plan was put in place to decouple the two-speciality junior on-call from August 2024.

### Exception Reports Breakdown by Grade

Grade	Number of Exception Reports
Foundation1	173
Foundation2	66
Core Medical Trainee	7
ST1-3	12
ST3-7	25

As per previous years majority of the exception reports are by foundation trainees, however unlike the previous years there are reports submitted by more senior trainees. This reflects a change in culture and engagement with the reporting mechanism.

Educational and clinical supervisors have also been instrumental in encouraging trainees to submit the exception reports when required.

## Total Annual Exception Reports

Year	Total Exception Reports
April 1 <sup>st</sup> 2023 -March 31 <sup>st</sup> 2024	<b>283</b>
April 1 <sup>st</sup> 2022 - March 31 <sup>st</sup> 2023	<b>305</b>
April 1 <sup>st</sup> 2021- March 31 <sup>st</sup> 2022	<b>513</b>

- The total number of exception reports appears to be decreasing year to year. Data from previous years appears also to confirm this as can be seen from the table above. This perhaps reflect the increase in the number of junior doctors in the hospital and expansion of trainees in specialty like cardiology. Considerable care must also be undertaken in interpreting the data as there are still areas of workforce shortage and increase workload such as accident and emergency where there has always been resistance to submission of exception reports.
- The number of exceptions report was also significantly lower in the months when industrial actions was taking place, which is reflected in the lower number exception reports for the last year.

## Locum Use

Unfortunately, no data was supplied by HR, so unable to comment on locum usage during the reporting period.

## Immediate Safety Concerns

- The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. A total of 5 exception reports have been flagged with safety concerns over the past year and these are closely reviewed to see if there is any learning for the wider organisation. The vast majority of the time these reports are submitted after a junior doctor experience an exceptional increase in workload either due to an increase in patient numbers or unexpected absences on a rota.
- There were some exception reports that were submitted as immediate safety concerns particularly over the weekends, the total number of such reports was three, but on review these were downgraded. One of the reasons was that the Foundation doctor on call was off sick which resulted in heavy workload for the second Foundation doctor on call. The other report concerning a busy weekend was reviewed and it was felt that the weekend reflected an unusually busy on-call shift which is periodically expected given week to week variation in clinical activity and service demands. Discussion at our junior doctors' forum has highlighted the need to review SOP for emergency junior doctors cover over the weekend and nights.
- One issue that was raised at the junior doctor's forum but not captured on exception reports is the junior doctor cover on some wards during the weekend. Parry ward is a 28 bedded medical ward, it can be very busy with acutely unwell patients at the weekend. There is no dedicated consultant ward round at the weekend on Parry ward. The weekend on call cover is provided by junior doctors on Haygarth and

Respiratory ward rounds in the morning and only providing cover on Parry in the afternoon. The issue was highlighted at the medical workforce meeting.

### **Work Schedule Reviews**

Work schedule reviews are necessary if there are regular or persistent breaches in safe working hours that have not been addressed. They can be requested by the junior doctor, Educational Supervisor, Manager or Guardian.

There were few level-1 work schedule reviews in the reporting period. These reviews did not result in further escalation.

### **Rota Gaps**

Accurate data on rota gaps is difficult to obtain. Although HR have a record of unfilled or partly filled posts, as above, gaps due to sickness or pregnancy where a post may be partially filled (e.g. the trainee may be in post but not working out of hours) are not recorded, as such gaps are usually managed at a departmental level.

Below are the rota gaps supplied by Human Resources during the reporting time period:

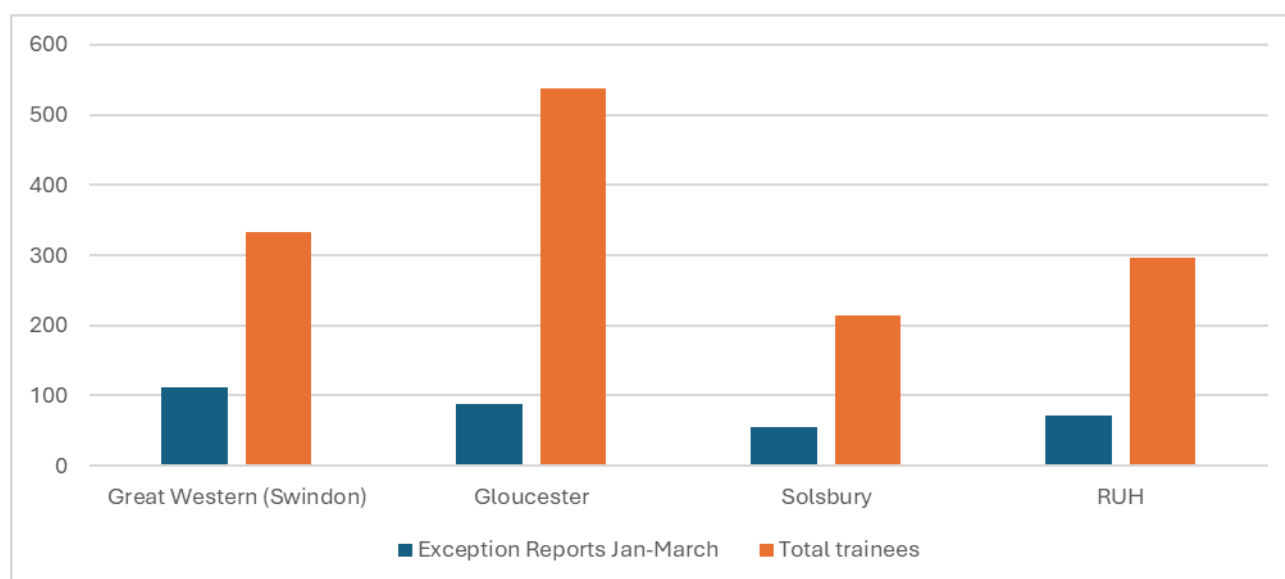


Division	Department	Grade	Vacant from	Vacant until
FASS	Obstetrics & Gynaecology	GPST	Feb-24	Aug-24
FASS	Haematology	ST1-2	Aug-23	Aug-24
FASS	Haematology	ST3+	Jan-24	May-24
FASS	Haematology	ST3+	Nov-23	Feb-24
FASS	Obstetrics & Gynaecology	ST3+	Aug-23	Oct-23
FASS	Oncology (clinical)	ST3+	Oct-23	Feb-24
FASS	Oncology (clinical)	ST3+	Aug-23	Jan-24
FASS	Oncology (medical)	ST3+	Sep-23	Feb-24
FASS	Oncology (medical)	ST3+	Aug-23	Feb-24
FASS	Paediatrics	ST3+	May-23	Sep-24
FASS	Paediatrics	ST3+	May-23	Sep-24
FASS	Paediatrics	ST3+	May-23	Sep-24
FASS	Paediatrics	ST3+	May-23	Sep-24
FASS	Paediatrics	ST3+	May-23	Sep-24
Surgery	General Surgery	F1	Aug-23	Oct-23
Surgery	ITU Trust Dr	ST1-2	Feb-23	Aug-23
Surgery	Anaesthetics Trust Dr	ST3+	Feb-23	Aug-23
Surgery	Anaesthetics Trust Dr	ST3+	Feb-23	Aug-23
Surgery	Anaesthetics Trust Dr	ST3+	Aug-23	Feb-24
Surgery	ENT Clinical fellow	ST1-2	Aug-23	Aug-24
Surgery	General Surgery- Breast	ST3+	Aug-22	Oct-23
Surgery	General Surgery	ST3+	Oct-23	Nov-23
Surgery	ITU Acute Internal Medicine	ST3+	Feb-23	Aug-24
Surgery	Orthopaedics Trust Dr	ST3+	Jan-24	Mar-24
Medicine	Acute Medicine	F1	Apr-23	Aug-23
Medicine	Acute Medicine	GPST	Nov-23	Feb-24
Medicine	Cardiology	GPST	May-23	Aug-23
Medicine	Geriatrics	GPST	Apr-23	Aug-23
Medicine	Emergency Medicine	GPST	Aug-23	Feb-24
Medicine	Rheumatology	GPST	Aug-23	Nov-23
Medicine	Acute Medicine x2 posts	Trust Doctor ST1-2	Aug-23	Sep-23
Medicine	Geriatrics	Trust Doctor ST1-2	Aug-23	Feb-24
Medicine	Emergency Medicine	ST1-2	Apr-23	Aug-23
Medicine	Acute Medicine	Trust Doctor ST3+	May-23	Aug-23
Medicine	Cardiology	Trust Doctor ST3+	Aug-23	Oct-23
Medicine	Dermatology	Trust Doctor ST3+	Feb-23	Aug-23
Medicine	Geriatrics	ST3+	Aug-23	Nov-23

Medicine	Geriatrics	ST3+	Oct-23	Aug-24
Medicine	Emergency Medicine	ST3+	Apr-23	Aug-23
Medicine	Radiology x2	ST3+	Feb-23	Aug-23
Medicine	Radiology	Trust Doctor ST3+	Mar-23	Jul-23

## Benchmarking Data

### Exception reports/total trainees across the region (January-March 2024)



We collected data from three other Trust in the South-West region for bench marking purposes. The total number of exception reports at RUH compares favourably to other Trusts in the region. It is reassuring that RUH Trust is not an outlier in term of total number of exception reports.

### Disbursement of guardian of safe working fund

There is over £53 000 generated from the guardians of safe working fines. It been challenging finding a way to disburse this based on the stipulation of the 2016 Contract.

“The money raised through fines must be used to benefit the education, training and working environment of trainees. The Guardian of Safe Working hours should devise the allocation of funds in collaboration with the employer/host organisation junior doctors' forum, or equivalent. These funds must not be used to supplement the facilities, study leave, IT provision and other resources that are defined by HEE as fundamental requirements for doctors in training and which should be provided by the employer/host organisation as standard. The details of the guardian fines will be published in the organisation's annual financial report (accounts), which are subject to independent audit. The guardian's annual report will include clear detail on how the money has been spent”.

A small amount out of the fund was spent on catering for a junior doctor's educational leadership course and a small amount spent on wellbeing. A considerable amount is still unspent and there is ongoing discussion with the junior doctor's representatives and at the JDF on how the money is best utilised for the benefit of the junior doctors.

In addition, £1200 was approved to be contributed to the Junior doctor's netball team to contribute to general wellbeing.

To help with wellbeing funding has been provided from the guardian of Safe-Working fund to provide free swimming sessions for Junior doctors in the Trust. This was discussed and approved at the junior doctor's forum.

### **Future challenges**

- Lack of Phlebotomy support on the wards remain a very important challenge and is contributing significantly to junior doctor's workload.
- Safety at night  
The outcome and recommendations of the working group reviewing night-time working are awaited.

In summary, despite significant challenges through the year such as the industrial strike action the RUH Trust appears to be complying with the term of the 2016 Junior doctors' contract.