

1.0 Introduction

Dr Bridget Barrowclough was appointed to the role of Guardian of Safe Working Hours (GoSW) in the Trust in July 2016.

This annual report is presented to the Board of Directors with the aim of providing the context around safe working hours for Junior Doctors and Dentists in training in the Trust (JD)

JDs are employed under the Terms and Conditions of the Junior Doctor Contract 2016 .Their working patterns are integral to the safety of patients. The Trust is contractually obliged to ensure that doctors work within their safe working hours and are provided with adequate rest.

As a consequence of the JD Contract 2016 and its review culminating in the Refresh Contract 2018 it is recognised that:

- Junior Doctors now have a process for reporting concerns regarding hours, missed rest breaks, failures in service commitment in the workplace and/or where educational opportunities do not meet expectations described in their work schedules.
- This process (Exception Reporting) ensures issues are formally brought to the attention of senior management and the Board of Directors
- Junior Doctors have work schedules that describe their working patterns more clearly than before.
- They are encouraged to Exception Report (ER) if they work beyond their scheduled hours.
- The most serious breaches of safe working limits lead to fines for the Division supporting the trainee.
- Provisions should be made to hear doctors concerns and discuss work and training issues in dedicated JD forums
- The GoSW provides a quarterly update to the Board of Directors with details of reports and the wider issues relating to the ER process.

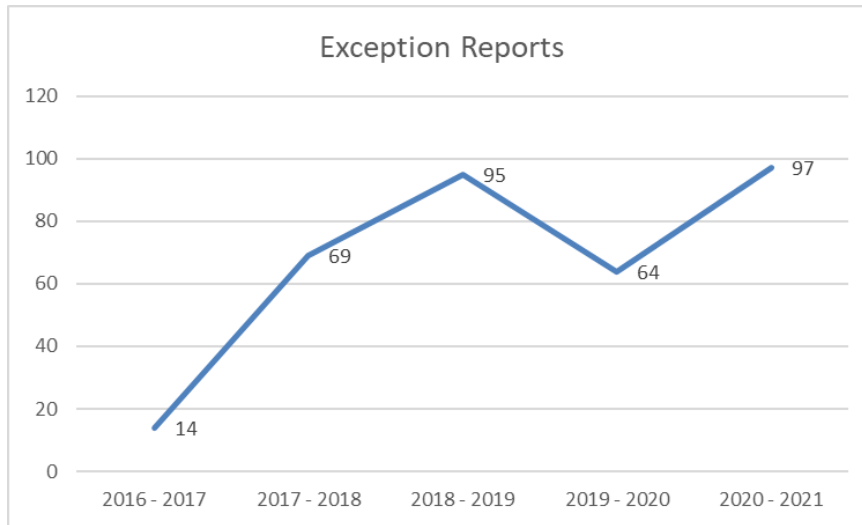
This annual report provides a summary pertaining to the period 1 August 2020 to 31 July 2021.

The Guardian of Safe Working is supported in the role by the Safe Working Advisor in Medical Rostering and receives 9 hours per week of administrative support from within the Medical Directorate.

The team continues to work closely with the Director of Medical Education (DME) and the Education Department, Medical Staffing and the Divisional Directors and remains responsible to the Board of Directors and Medical Directors.

2.0 Exception Reporting

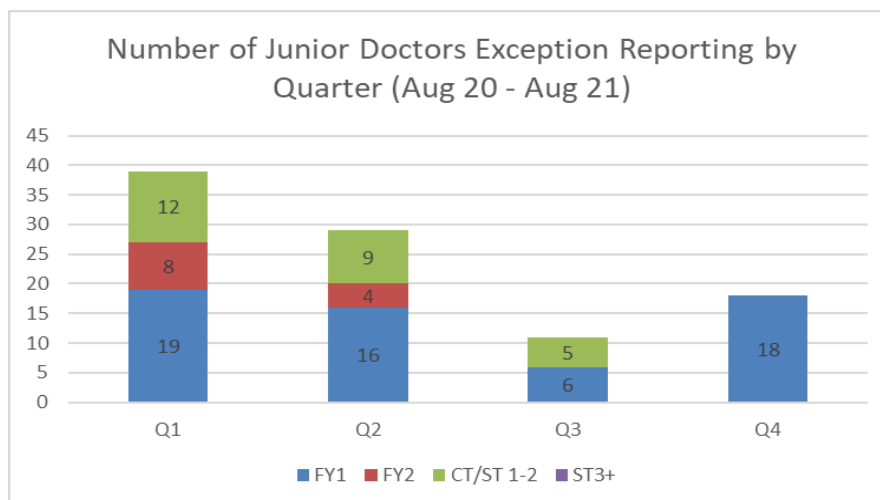
2.1 Trends



2.1.1 It is difficult to draw conclusions from the trends in reporting in recent years as a consequence of the Covid-19 pandemic where JDs were redeployed at short notice and worked outside of their work schedules in Q2 2020/21.

2.1.2 Consistent with the trend seen in previous years, increased reporting was noted in the first two months of the August rotation coinciding with the introduction of new trainees to the Trust.

2.2 Number of Exception Reports submitted by Grade per Quarter



2.2.1 There were reports from a variety of grades compared to previous years. This is likely to be a result of the Exception Reporting process becoming embedded in this and other Trusts as a means of raising concerns.

2.3 Exception Reports by Department within Division

	Speciality	No. of ER's	Percentage
1	General Medicine	57	58.76%
2	General Surgery	33	34.02%
3	Psychiatry	3	3.09%
4	Obstetrics and Gynaecology	2	2.06%
5	Trauma and Orthopaedics	1	1.03%
6	Anaesthetics	1	1.03%
	Total:	97	

2.3.1 Medicine and Emergency Care Division

Throughout the year themes of workload intensity resulting in work over is reflected in reports. At times there are reports of staffing issues with short term sickness annual and study leave .The infrequency of reports might suggest these occurrences are managed by the Division. On occasion there were inconsistencies noted in the actual staffing on the rota.

It is noted that the Division is committed to working with their Junior Doctors via Exception Reporting and Junior Doctor Forums to improve rota compliance however a common theme of doctors being moved from their parent wards to cover gaps on less familiar wards is relevant as this appears to cause JDs to work over at times.

2.3.2 Medicine Reimbursement Summary (Approx. figures)

Specialty/Department	Payment (£)	TOIL (hrs & mins)	Fines (£)
Nephrology	55.62	3.5	
Respiratory	19.86	0	
General Medicine	85.14	14.75	
Cardiology	23.84	5	
Acute Medicine	0	4.75	
Psychiatry	0	3	
Renal Medicine	0	0.75	
Total:	£184.46	31 hrs 45 mins	£0

2.3.3 Surgical Division

Throughout the year Foundation Doctors within the Colorectal teams continued to raise concerns regarding the workload intensity resulting in an ability to complete all tasks within their rostered hours. These issues were raised through Exception Reports, a monitoring exercise, Junior Doctor Forums and LNC meetings. It is disappointing that the concerns are taking significant time to resolve.

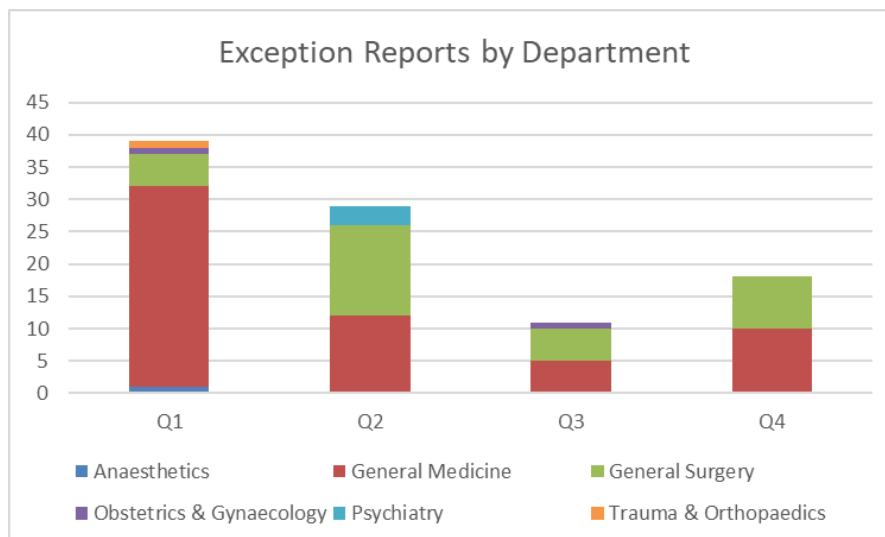
2.3.4 Surgery Reimbursement Summary (Approx. figures)

Specialty/Department	Payment (£)	TOIL (hrs & mins)	Fines (£)
Vascular Surgery	32.18	3	95.34
General Surgery	119.18	16	
Gastroenterology		4.5	
		1	
Total:	£151.36	24 hrs 30mins	£95.34

2.3.5 Women & Children's Reimbursement Summary (Approx. figures)

Specialty/Department	Payment (£)	TOIL (hrs & mins)	Fines (£)
Obs and Gynae	19.86	1	
Total:	£19.86	1hr	£0

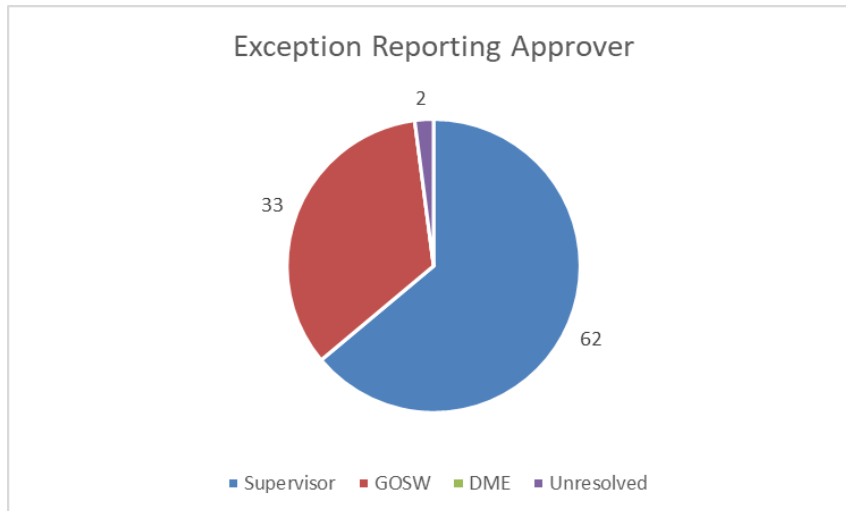
2.4 Exception Reports by Department per Quarter



2.4.1 Consistent with the trend seen in previous years, increased reporting was noted in medicine in the first two months of the August rotation.

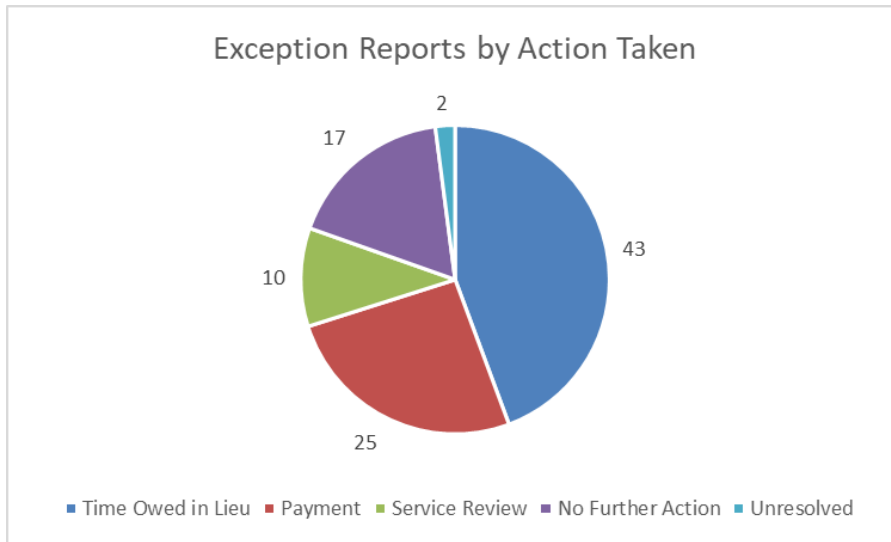
2.4.2 Two reports only were received in February and March as trainees were redeployed due to Covid -19. As working patterns resumed the issues in Surgery reoccurred.

2.5 Exception Reporting Approver



- 2.5.1** There is an efficient process in place to address reports. This includes reminder emails from the Safe Working Advisor on notification of an Exception Report followed by communications from the GoSW administrative support to the Supervisor and JD until the report is closed.
- 2.5.2** However it is recognised that some Supervisors do not appreciate their responsibilities as defined in the JD Contract. This is particularly with reference to the timelines that are mandated to address a report and also when requesting a work schedule review.
- 2.5.3** The Refresh Contract 2018 mandated that the GoSW can approve Exception Reports after 7 days if these remained unaddressed at that time.
- 2.5.4** Despite our rigorous process 50% of reports required approval by the GoSW in this period. This does not completely reflect poor compliance as often the trainees are unavailable as a consequence of their shifts and annual leave.
- 2.5.5** All reports remain open until the GoSW is happy that the context of the Exception has been discussed.
- 2.5.6** A new document is currently being produced to remind Clinical Supervisors of their responsibilities, preceded by a survey to assess the current expectations of Supervisors. The GoSW continues to maintain close working relationships with the Divisional Directors but has to rely on the fact that the absence of further reports suggests a matter has been addressed

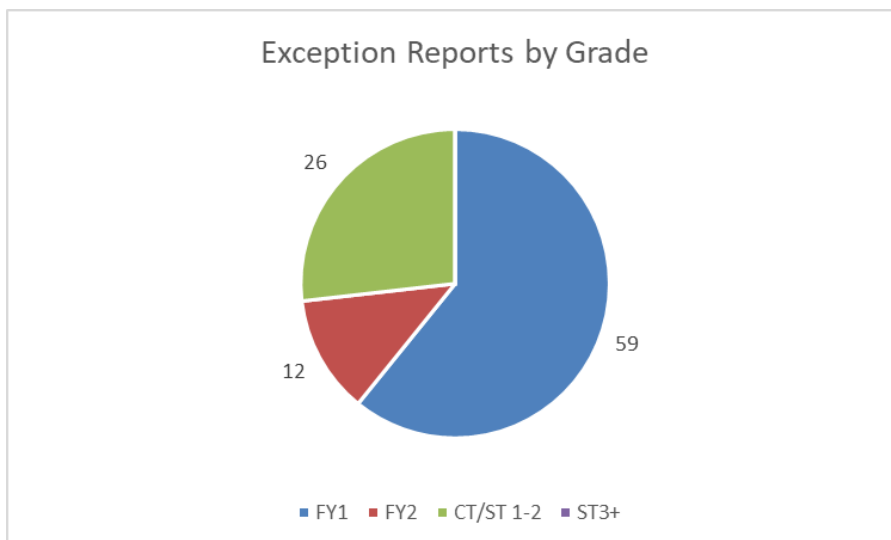
2.6 Exception Reports by Action Taken



2.6.1 The vast majority of reports relate to additional hours. TOIL remains the preferred option for resolution where this does not further compromise the service. Robust arrangements for providing payment are in place.

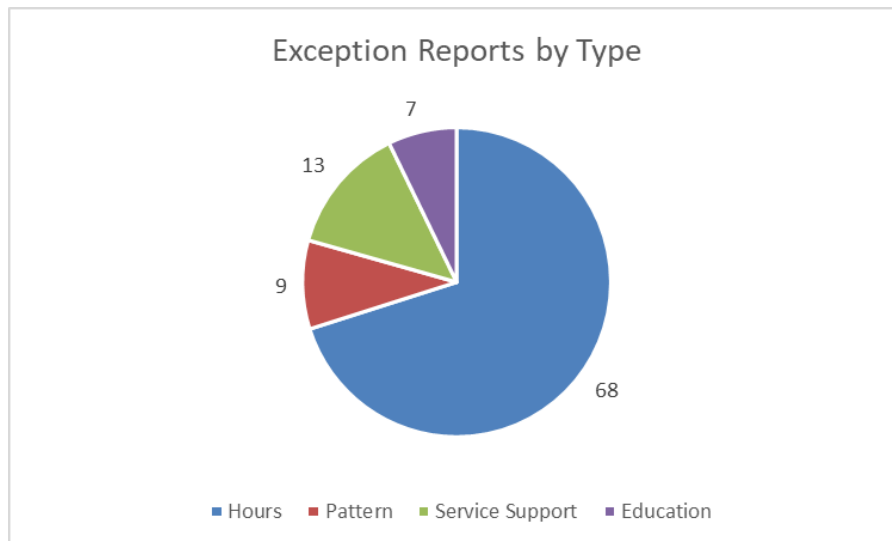
2.6.2 The GoSW continues to maintain close working relationships with the Divisional Directors but has to rely on the fact that the absence of further reports suggests a matter has been addressed

2.7 Exception Reports by Grade



- 2.7.1** Junior Doctors of all tiers are becoming more familiar with the Exception Reporting process. This is reflected in the mix of grades reporting compared to earlier years when the Contract was first introduced. As JDs rotate through other Trusts where the process is encouraged this should increase further. Anecdotally, we are aware that some Junior Doctors still do not Exception Report but it is hoped that this is due to personal choice rather than unfamiliarity with the system or a lack of confidence in raising a concern.
- 2.7.2** It is hoped that in the future the Locally Employed and Trust grade doctors will be able to report Exceptions. The Medical Directors are in agreement with this proposal which is dependent on all parties establishing a process.

2.8 Exception Reporting by Type



- 2.8.1** JDs can report Exceptions to their work schedule with hours, missed rest, service commitments and missed educational opportunities. It is noted that we rarely receive Educational Exception Reports. The majority of reports, as seen in previous years relate to time worked over. On average doctors tend to report when their time is breached by one or two hours.

3.0 Immediate Safety Concerns

- 3.1.1** Six ISCs were raised in the period and addressed. This represents 6.18% of all reports.
- 3.1.2** All reports were addressed in line with the TCS. During the year we have highlighted to the Divisions where circumstances have generated reports which, whilst not immediate patient safety concerns, have resulted in difficult situations for trainees.

3.1.3 The GoSW continued to report directly to the Medical Leadership Team at regular intervals and to the Medicine Division via a report to the monthly meeting.

4.0 Breaches

4.1.1 When the rota hours or rest periods are breached the Division incurs a fine.

Over the last year this has occurred on one occasion only due to missed rest between shifts.

5.0 Work Schedule Reviews

5.1.1 A work schedule review of the Surgical Foundation Year One's was requested in July. The GoSW awaits the outcome.

5.1.2 Otherwise, during the year individual working patterns have been discussed in other departments as a consequence of Exception Reports with subsequent re-organisation of staff. The Medicine Division works closely with the rostering team at all times and reacts quickly to rectify issues raised in reports.

6.0 Educational Exception Reports

6.1.1 Seven Educational Exception Reports were raised in this period and addressed separately by the DME. This represents 6.79% of all reports.

7.0 Junior Doctor Engagement

7.1.1 The GoSW remains aware that we are dependent on Exception Reporting to identify where the hours and rest may be breached and therefore continues to commit to being as visible as possible by attending Junior Doctor Forums as and when clinical commitments permit.

7.1.2 In addition to attendance at Junior Doctors' fora a quarterly meeting designated the 'Contract JDF Forum' is arranged by the GoSW. It is attended by the DME or a representative of the Education Department, Medical Rostering. Other invitees include the West Midland British Medical Association (BMA) Industrial Relations Officer, Chair of the Local Negotiating Committee (LNC) and Junior LNC representatives. We continue to invite all Junior Doctors in the Trust in an effort to promote engagement. The GoSW awaits confirmation that this time will be protected in the future and has put forward a proposal to the Medical Director and DME that each department elects a representative to attend in future. This forum provides Junior Doctors

with an opportunity to feedback regarding the safe working and educational aspects of the new contract and to discuss breach fines as appropriate.

7.1.3 Probably one of the most significant effects of the pandemic was the loss of face to face meetings whilst attention was diverted to managing the evolving crisis within our health care system.

7.1.4 Throughout this time the GoSW held a series of weekly virtual drop in sessions providing the opportunity for all Junior Doctors to raise issues directly.

7.1.5 From August 2020 forums have been re-arranged in all specialities. However time protection for attendance is not always recognised in the work schedule and thus engagement appears poor.

8.0 BMA Fatigue and Facilities Charter and Mental Well Being Charter

8.1.1 During this period the GoSW tried to increase the scope of the role to become more involved with the Well-being of JDs in the Trust whilst embracing the implications of the new contract, the British Medical Association (BMA) Mental Wellbeing Charter and the Facilities and Fatigue Charter.

8.1.2 As the effects of the pandemic were felt throughout the Trust the work was largely superseded by that of the People and Organisational Development Directorate.

8.1.3 It is intended that in the future we will re-group and develop a Well-Being programme integral for Junior Doctors of all grades to support their holistic Well-Being and complement the existing Trust wide support programme. Currently Junior Doctors in training receive access to local well-being support via the Education Faculty and Educational Supervisors with links to the Professional Support and Well-Being Unit at HEE.

9.0 Data collection

9.1.1 Throughout this period the GoSW has raised concerns to the Board of Directors regarding the lack of data available in order to provide the assurances that JD rotas remain compliant at all times.

9.1.2 The detail relating to rota gaps is not transparent –this concern has been escalated to Medical Staffing management.

9.1.3 The GoSW is confident that JDs receive compensatory time off in lieu in order to maintain safe limits when alerted to non-compliance via the reporting process.

9.1.4 The GoSW has some concerns that the process is still not widely encouraged throughout the organisation.

- 9.1.5** The GoSW remains concerned that there is evidence that trainees offering to perform additional hours for locum duties have breached their safe hours.
- 9.1.6** Despite these comments it is acknowledged that the rostering team has worked extremely hard to act on issues raised by trainees where compliance could be compromised.
- 9.1.7** The Safe Working Advisor, Joe Breeze should be recognised and commended for his unwavering support and dedication especially throughout the pandemic where he worked tirelessly with the Divisions enabling them to reorganise rotas at short notice.
- 9.1.8** The GoSW also wishes to thank Emily Crane for providing administrative support and without whom the role would be untenable.

10. Summary

The Junior Doctors should be commended for their flexibility and understanding as to why rotas had to be changed during the surges of Covid - 19 and their ongoing continued commitment to patient care.

There is no doubt that the impact of the pandemic will continue and we must not lose sight of maintaining the Safe Working and Well-being of our Junior Doctors in these times.

The GoSW will continue to raise issues to the Board of Directors in line with the remit of the role.

**Dr Bridget Barrowclough
Guardian of Safe Working
November 2021**