


Board of Directors' Meeting 8 December 2022

Agenda item	253/22			
Report Title	Annual Report Guardian of Safe Working August 2021 – July 2022			
Executive Lead	John Jones Executive Medical Director (Acting)			
Report Author	Dr Bridget Barrowclough - Guardian of Safe Working Hours			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance		Responsive	√
	Our partners		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF2, BAF3, BAF4, BAF8,	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	Direct to the Board of Directors			
Executive summary:	<p>This is the fifth annual report provided by the Guardian of Safe Working Hours (GoSW) since the introduction of the Junior Doctor Contract 2016.</p> <ul style="list-style-type: none"> • 72 Exception reports were received in 2021/2022 which demonstrated a slight increase in comparison to 2020/21. Most reports were raised by Foundation Doctors. • One immediate safety concern reported with action from the Division but no impact on patient safety. • Introduction of exception reporting for our Locally Employed Doctors (LEDs) in November 2022. • GoSW remains concerned that it is not possible to provide purposeful assurance to the Board regarding the safe working of all doctors at all times. • It remains a recommendation of the GoSW that live rostering be introduced throughout the Trust. <p>The Board is requested to NOTE this report.</p>			
Appendices	Tables of Reports (1-7)			
Executive Lead				

ANNUAL REPORT GUARDIAN OF SAFE WORKING AUGUST 2021 - JULY 2022

1. Introduction

This is the fifth annual report provided by the Guardian of Safe Working Hours (GOSW) since the introduction of the Junior Doctor Contract 2016.

2. Background

The foundation of this contract was to protect patients and doctors by providing safeguards to the way doctors and dentists in training work. Key conditions included:

- New safe limits on the hours and work patterns that doctors should work were introduced
- That organisations should provide rotas that adhere to these conditions with work schedules that describe working patterns more clearly than before
- The introduction of a process for reporting exceptions to the safe limits of working hours and/or missed rest and/or service commitments in the workplace
- The appointment of a Guardian of Safe Working hours (GoSW) to champion safe working hours and to provide oversight of exceptions and assure compliance with the reporting process
- A process for fines to be directed to the Division for the most serious breaches of safe working
- To ensure there were regular forums where doctors could raise concerns

Currently work schedules should recognise safe limits on hours and patterns of work as follows:

- Maximum of 72 hours' work in any 7 consecutive day period
- 46 hours of rest must be provided after one-night shift
- Maximum of eight consecutive shifts rostered or worked over eight consecutive days
- Maximum of five consecutive long day shifts

In addition, Trusts should allow periods of rest as follows:

- 30 mins for shifts >5 hours: a further 30 mins for shifts >9 hours: an additional 30 mins on a night shift lasting >12 hours
- Minimum 11 hours rest between shifts

3. Exception Reports

72 reports were received in the year 2021/2022. There is no data from the West Midlands GoSW group to benchmark the Trust against.

The slight increase compared to 2020/21 is due to a small number of doctors repeatedly raising concerns regarding working hours (Table 1).

Most reports were received in the first quarter which is consistent with previous years (Table 2).

Most reports were raised by Foundation Doctors (Table 3). This is also consistent with previous years. However, there were increased numbers of reports from doctors in other tiers compared to previous years. This may reflect the process now being embedded throughout the region and nationally, to enable the escalation and resolution of concerns regarding working hours in real time.

Most reports reflect hours worked over (Table 4). References to work intensity caused by rota gaps due to unfilled vacancies or short-term sickness were common.

The data highlighted time-off-in-lieu (TOIL) and payment (Table 5) as compensation for hours worked over. The Trust continues to support a preference for offering TOIL over payment in order to maintain doctors' safe limits.

Although the outcome of “no further action” is noted detailed analysis suggests that these are one off incidents, missed educational opportunities requiring noting only or missed rest which is noted but not compensated for and required no breach fines. Throughout the year concerns within Divisions (Table 6 and 7) were highlighted by Exception Reporting as follows:

a) Paediatrics and Neonates

Attempts to provide a split rota in paediatric and neonates at tier 2 level and recommended by HEE has not been achieved. In part this is due to the availability of trainees within the speciality and in this region. Attempts to supplement the rota with advanced nurse practitioners have been unsuccessful to date. The Medical Directorate are aware, and a new date has been proposed by the Divisional Director to resolve this by March 2023.

b) Surgery

These reports were generated by foundation doctors only regarding work over. They were submitted by two doctors in the main and highlighted issues which had been raised in previous years. In January 2022 the education department organised an internal review with the consultant body, past and present doctors. A work schedule review was undertaken but, rather than revising the pattern of hours, the division agreed to revise the working schedule and adopted a team ward approach in preference to foundation doctors working for sub specialities. This had a negative impact on the educational experience and subsequently a hybrid system was introduced. Additional Tier 1 doctors will join this rota in August providing the required support. It is predicted this will resolve the issues with respect to hours.

c) Medicine

A series of Exception Reports highlighted issues with team dynamics within acute medicine. Also, concerns were highlighted regarding the handover process. We continued to see Exception Reports describing the inability to take breaks during shifts. These reports reflect work intensity and generally a consequence of rota gaps.

The infrequency of reports compared to actual shifts on the rota might suggest these occurrences are managed by the Division. On occasions 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 junior doctors to work over at times.

4. Work schedule review

Medical Peoples Services team have reviewed all rotas since the reorganisation of the team in November 2022. In May 2022 the A&E rota was found to be non-compliant which triggered a change to work schedules. Efforts continue to provide live rostering in A&E.

5. Safety Concerns

There was one immediate safety concerns reported which required action from the Division but did not impact on patient safety.

6. Actions throughout 2021/2022

The Guardian of Safe Working team currently consists of the GoSW and one less-than-full-time administrative officer based in Medical Peoples Services.

The GoSW continues to work closely with the Director of Medical Education, Foundation Programme Directors, Medical Peoples Services, Divisional Directors, and raises concerns to the Medical Leadership Team (MLT) directly at bi-weekly meetings.

During the last 12 months the GoSW has increased the scope of the role to be more involved with junior doctors' wellbeing. The Trust signed up to the BMA Fatigue and Facilities and Wellbeing Charters and the GoSW assists the education department in their endeavours to fulfil the Trust's obligations in this respect.

During this year our Chief Registrar implemented the Well and Resilient Doctor initiative originally piloted in the Southwest region. This peer-to-peer support system for all doctors has the support of the DME and GoSW. The Chief Registrar is commended for her achievements in this respect.

The GoSW attended the GoSW workshop in September 2022, the annual National GoSW Conference in December 2021 and will participate again in November 2022.

The GoSW has agreed to provide leadership for the Midlands Charter in 2023.

Throughout the tenure of this role the GoSW has promoted the use of Exception Reporting for Locally Employed Doctors. This will be introduced in November 2022.

7. Summary

Exception Reporting continues to help identify areas within the junior doctor's workforce where rota conditions may not always be met.

The resolution of issues in surgery represents an example of how the information provided through Exception Reporting can be used to inform and drive change to improve processes and conditions.

It remains a recommendation of the GoSW that live rostering be introduced throughout the Trust.

It is recognised that there may be differences between departmental managed rosters and work schedules in some specialities. It should not be assumed that these differences do not exist in the absence of reporting exceptions.

In the absence of a defined administrative provision for safe working governance, the GoSW remains concerned that it is not possible to provide purposeful assurance to the Board regarding the safe working of all doctors at all times.

Concerns that locum bookings might not adhere to the safe working limits have been escalated to the Medical and Workforce Directorate throughout the year.

The GoSW will continue to work with the Junior Doctors' Forum and specialities to encourage a wider approach to Exception Reporting.

The GoSW will continue to work across the Trust to highlight areas of concern regarding the working hours of our doctors.

8. Recommendation

The Board is asked to read and note this report.

9. Appendices

Table 1

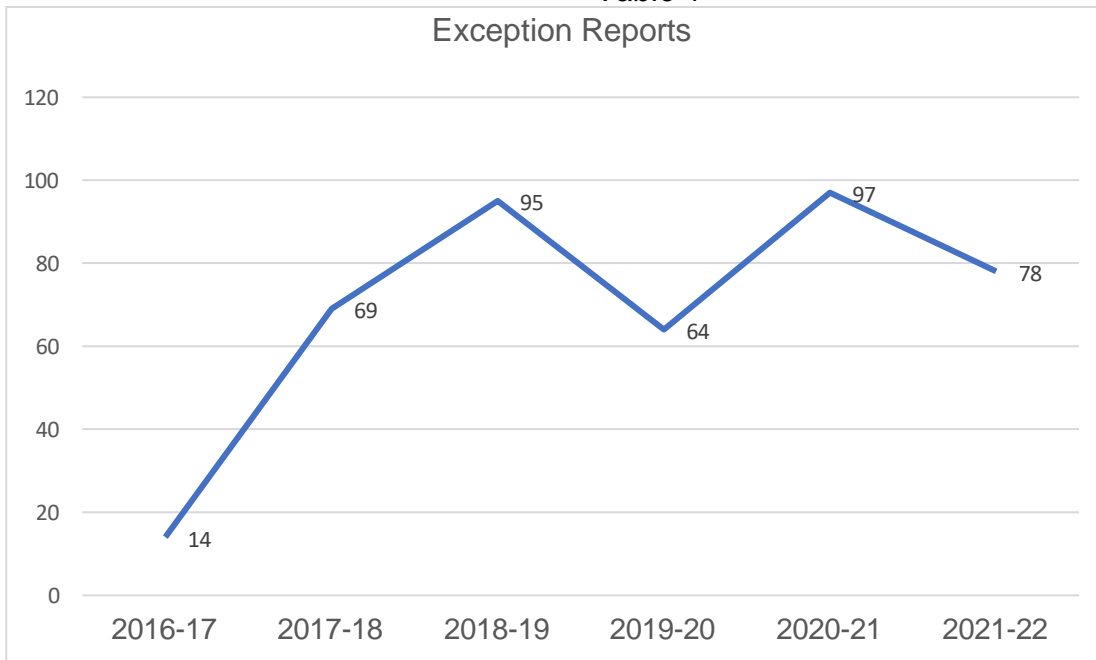


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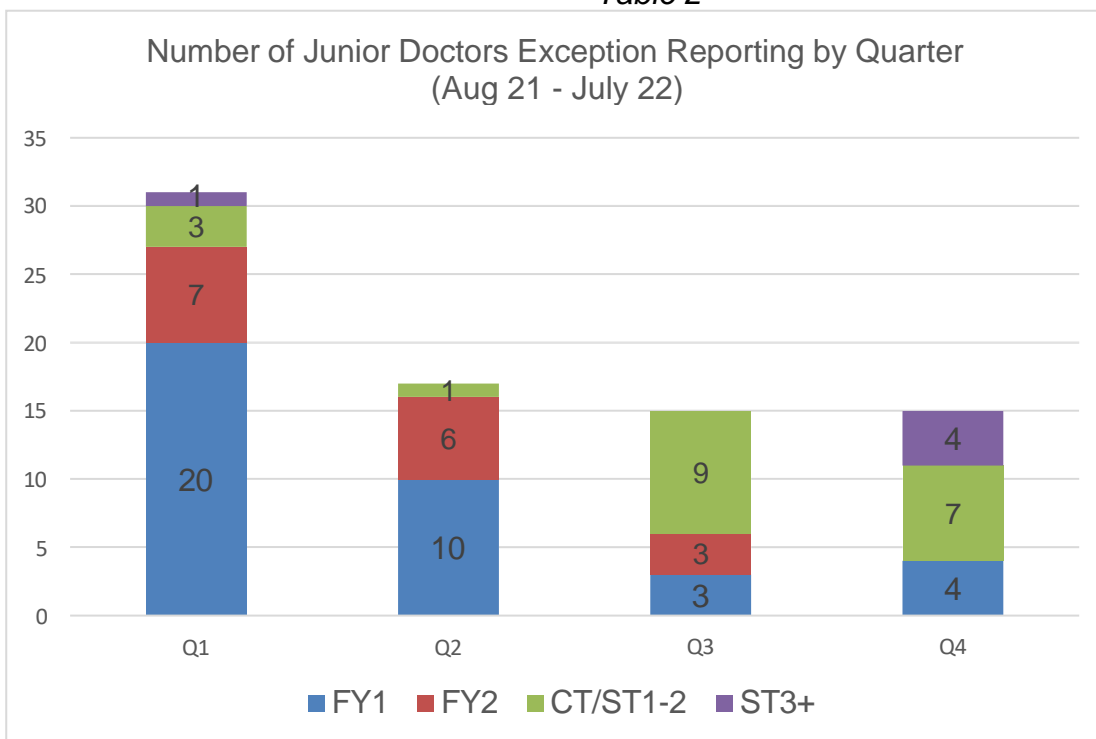


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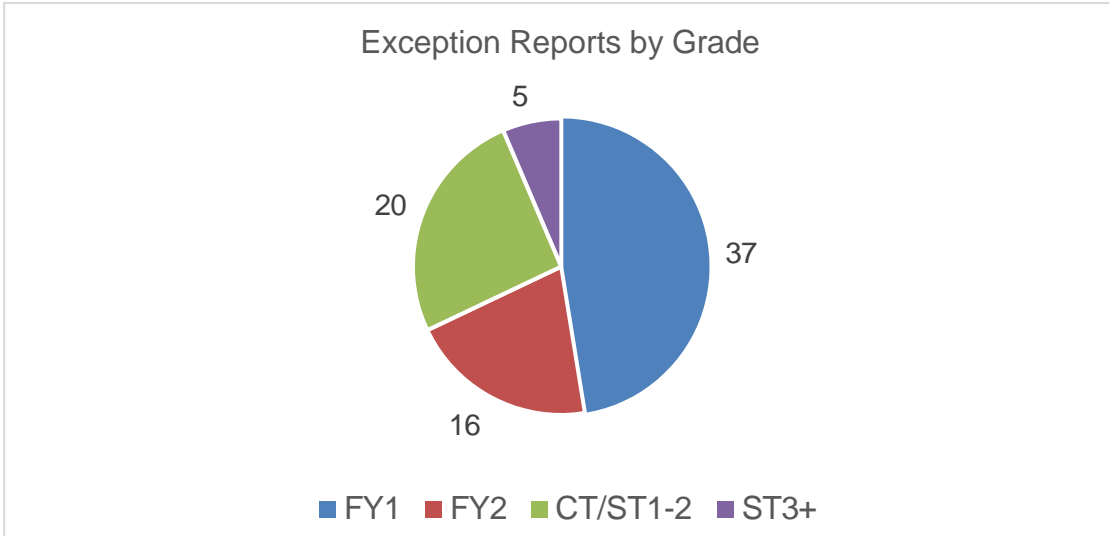


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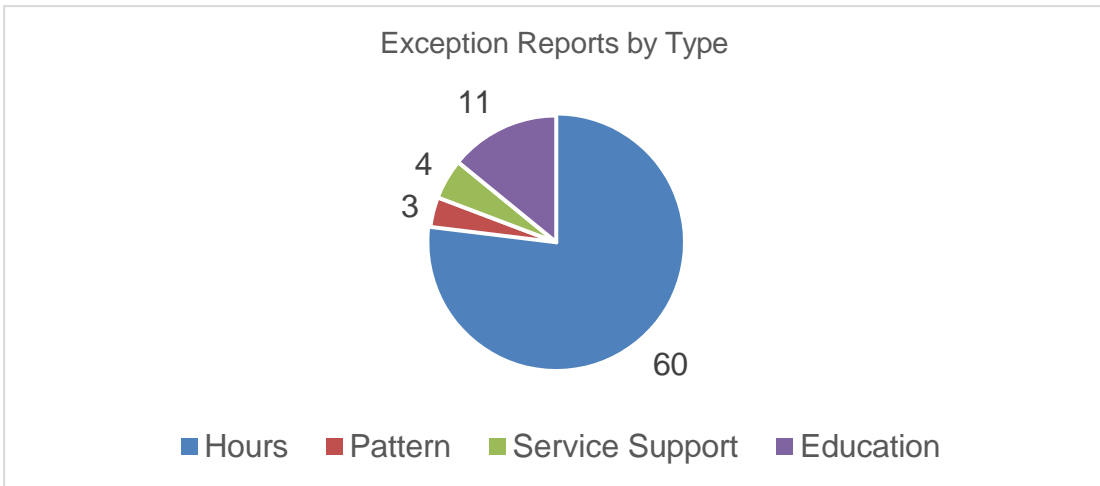


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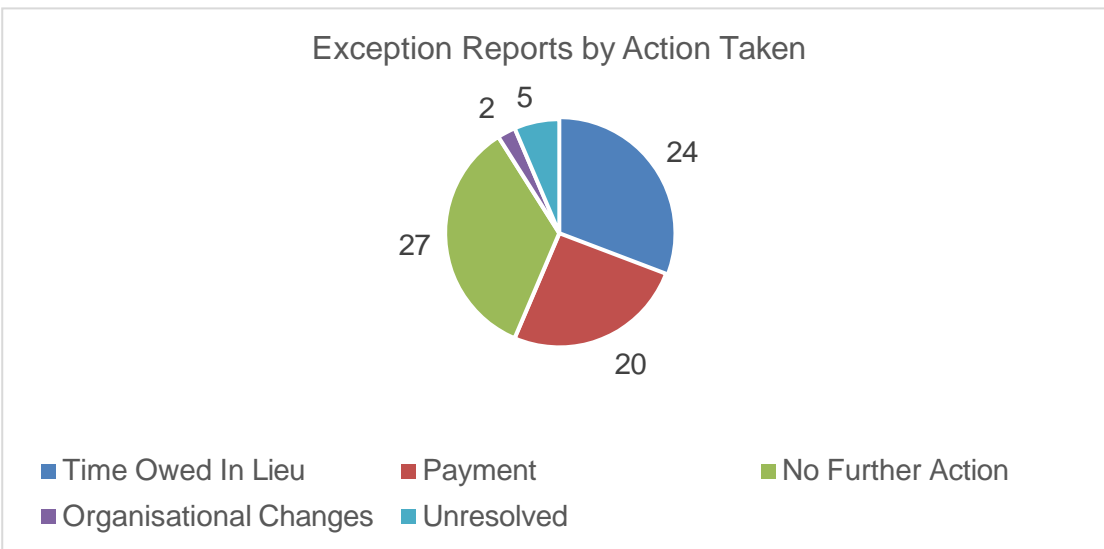


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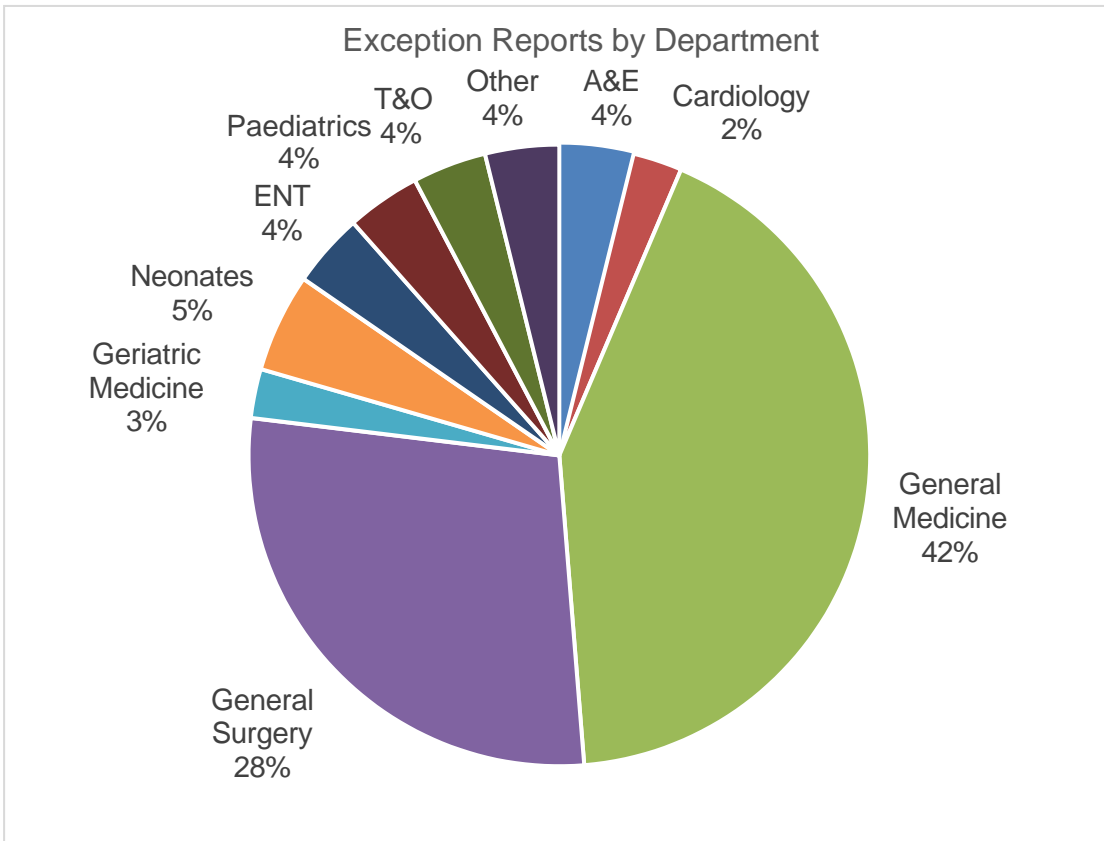


Table 7

