

Guardians of Safe working Hours Annual Report Public Board

30 May 2024

Presented for:	Information/Position Statement
Presented by:	Dr Anju Aggarwal and Dr Santosh Sundararajan Guardians of safe Working Hours
Author:	Dr Anju Aggarwal and Dr Santosh Sundararajan Guardians of safe Working Hours
Previous Committees:	None

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	
Strengthen participation and growth in research and innovation	
Deliver the financial plan	
Be in the top 25% performing Trusts for staff retention	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Performance Risk - We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce.	Cautious	Moving Towards
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Cautious	Moving Towards
Financial Risk				
External Risk				

Key points	
1. Annual report from the Guardians of Safe Working Hours detailing Leeds Teaching Hospitals Trust's current position with respect to the Version 11 (Feb 2023) of Terms and Conditions for NHS Doctors in training. There are some recommendations at the end of report.	For discussion and Information

1. Summary

The Guardians of Safe Working (GoSW) ensure that the rotas for doctors and dentists in training at LTHT adhere to the 2016 junior doctor contract. We take lead in monitoring and addressing safe working concerns, collaborating with relevant stakeholders, and advocating for the wellbeing of doctors in training.

This report includes detailed information on exception reporting, highlighting the number of reports, breakdown by grade and category, Immediate safety concerns, reports submitted for Clinical Service Units (CSUs) in the past 12 months and some of the initiatives we have taken recently and our future aspirations.

The issues of inadequate staffing levels with excessive workload, especially in the context of unfilled gaps and short notice sickness continue to persist within some areas of the trust. We recommend the board to support CSUs in recruiting more junior doctors and review current process of additional hours pay including when doctors are asked to cover for a gap during out of hours; essentially doubling their work.

2. Background

The GoSW role was established with the introduction of the Doctors and Dentists in Training Terms and Conditions of Working in 2016. The Doctors report any deviations from the working patterns or any safety concerns using the Exception reporting tool. We review these reports regularly and support the individuals and teams concerned to ensure adherence to the contract and doctors in training wellbeing.

The Guardian of Safe working team consists of:

- Dr Anju Agarwal - Consultant in Obstetrics and Gynaecology
- Dr Santosh Sundararajan - Consultant in Paediatric Intensive Care
- Mrs Laura McKenna- Administrative Officer

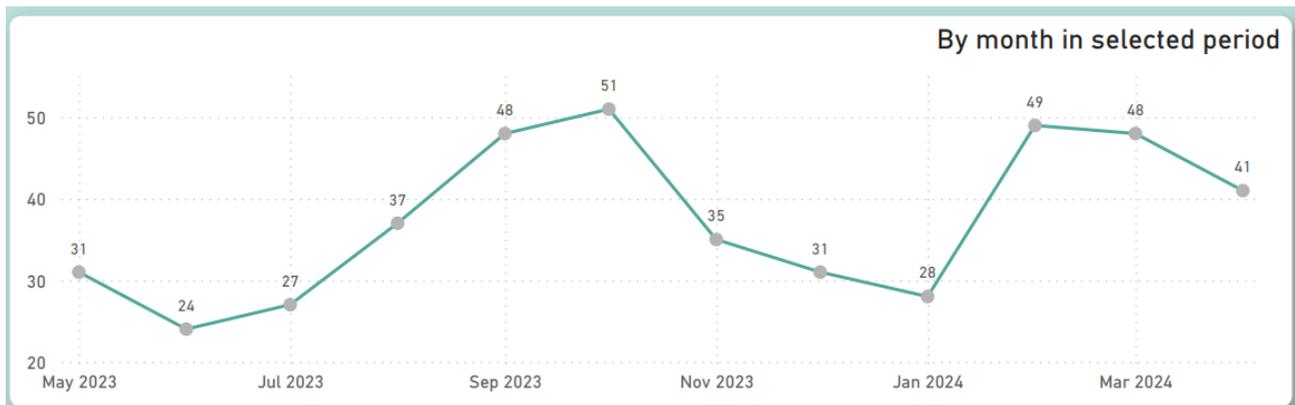
The team provides a regular update to the Medical Education Subcommittee (MESC), the Learning Education and Training Committee (LETC), a sub-committee of the Workforce Committee, JCNC (part of LNC) and NHSE Y&H meetings for Monitoring of Learning Environment.

We provided an update in the Quality report in February. This highlighted continuing exception reporting from more doctors in early years of training, mostly about work pressure but often about lack of supervision and loss of educational opportunities.

3. Proposal

Exception reporting (May 2023 – April 2024)

A total of 450 exception reports were raised across all categories. The pattern and number largely remain like previous years. However, it is to be noted that a considerable amount of time in the last year was taken up by industrial action which means numbers could have been higher. The following graph illustrates the number of exception reports in different months in the stated period:



The following chart and statistics have been provided in the attached supporting information. Please refer to the information for further details on:

- Top 10 reporting specialities
- Top 10 reporting CSUs – total and monthly
- Exception reports – by Garde reporting
- Exception reports- by category
- Exception reports - by outcome
- Exception reports - by months and CSU
- Exception reports resulting in payment for each CSU
- Immediate Safety concerns raised for each CSU

Exception reporting – overall summary:

Although we have seen an increased uptake by ST3+ grade doctors this year, vast majority of exception reporting still comes from doctors in earlier year of training. The reasons are multifactorial. Unfortunately, educational supervisors’ engagement remains poor with many of them not have an active login into the portal. As a result, over 73% reports have been acted upon by guardians. The most common outcome is payment which fits in with maximum reports related to extra hours.

Work Schedule Reviews

We have asked medical deployment to make some amendments to the start time for Foundation year (FY) doctors in surgery. The concerns were raised due to handover time not being accounted for in the hours. Same is going to happen in urology which is under review at present.

We continue to receive many exception reports about lack of required rest hours during non-resident on call from various specialities. We continue to monitor these to pick out areas / rotas at risk which may necessitate a work schedule review.

Other common theme is inability to take breaks during a long day shift due to the workload. Unfortunately, there is no provision of extra payment for this. However, we do inform the departments if it becomes a pattern.

Breaches

The Doctors and Dentists in training terms and conditions provides safeguards for both average and continuous number of hours worked. We monitor adherence to these safeguards closely. We are not aware of breaches on hours worked over any continuous seven-day period or average hours worked over a reference period. This reflects that majority of the rotas are compliant with the terms and conditions.

4. Financial Implications

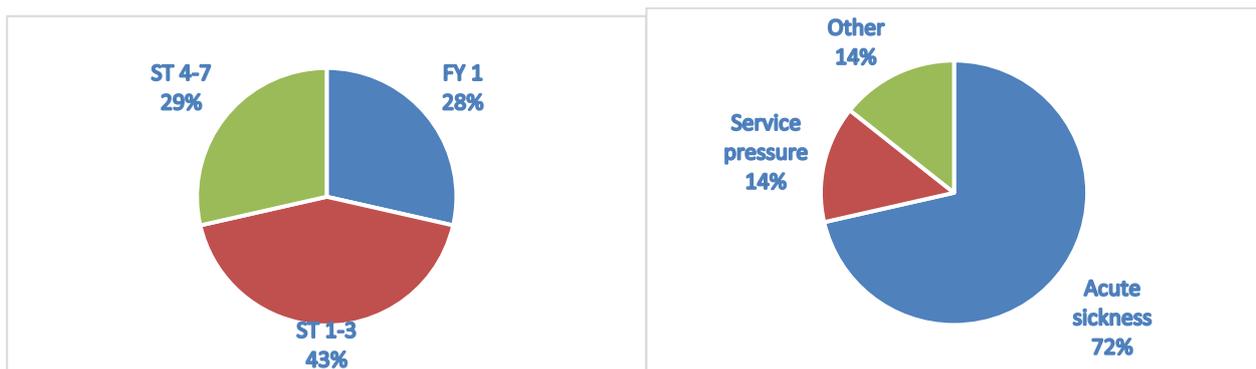
The outcome for majority of the exception reports is payment for overtime. But many of these reports are generated due to unfilled gaps in the rota. We do not monitor the financial implications. Some of our proposals would have minor financial implications. Medical Deployment / Human Resources may be in a better position to quantify these.

5. Risk

The risks reported to the Guardians would fall into two categories. One is immediate safety concerns, where there is risk or potential risk to patient safety due to doctors working without adequate support and/or much beyond their contracted hours. This is usually flagged by the doctor generating the exception report at the time of reporting. The other risk is when a very high number of exception reports emanate from a specific clinical area.

Immediate Safety Concerns (ISC)

We analyse all reported ISC within 24 hours. In the last 12 months there were 12 reported ISCs. After closer analysis 7 of these were identified as actual ISCs and escalated in line with our processes. In majority of these instances the doctors in training had raised concerns regarding risk of potential safety rather than actual patient harm. The training level of reporters were evenly spread.



The acute sickness and rota gaps contributed to a vast majority of ISCs. We identified and highlighted to individual departments when the process for covering short term gaps needed strengthening. Service pressure, on its own, was only contributory in one ISC.

We escalate ISC reports to the relevant teams and assist them in identifying any changes that may be required to ensure these situations don't arise in the future.

Cluster of ISC from Paediatrics

In early August, there was a cluster of ISC reports from Paediatrics. We convened a meeting with their Deputy CD and Consultants in charge of rota co-ordination and identified that a mixture of long-term gaps and sickness had contributed to high number of gaps in their rota resulting in 1 doctor working overnight instead of 3. A variance order was put in place for the following weeks to help with covering the gaps and this led to better staffing levels. In addition, a SOP is being developed to address communication and short notice staffing gaps for dealing with similar circumstances.

Trauma & Orthopaedics and Oncology

These two specialities remain with the most exception reports for last 2 years. We are continuing to see a steady stream of reports from Foundation year doctors (FY) in these specialities. The level of dissatisfaction among this group of doctors remains high.

We have met with the doctors in trainings and Consultants from both these specialities at regular intervals. From the most recent meeting, we are pleased to note that some of the suggested changes from earlier meetings, like having a better senior medical cover and using existing technology for handover, are having a positive impact.

Several escalations have come to us from T&O from FY feeling unsupported, expected to work beyond their competencies; often being the only doctors on the wards for most of the times and covering for a large number of patients including paediatric patients. Current work is focussing on ensuring better access to training and education for the FY doctors and re-organising senior trainee clinical commitments to better support ward doctors.

We are made aware that a business case to recruit more doctors to help cover wards is in place. This would certainly improve patient safety / flow and help move current risk level to risk appetite.

6. Communication and Involvement

We have taken every opportunity to meet and hear from doctors in training. We hold Junior doctor forums 4 times a year which are now run hybrid to enhance participation. The aim is to schedule dates well in advance and rotate them across SJUH and LGI. Over the course of the last year, we have seen an increase in engagement of the doctors which is encouraging. Doctors in training have an opportunity to engage with Director of HR, DPME, chief registrar and BMA representative. Their presence in these meetings has helped us to resolve some issues around working conditions and rotas fairly quickly.

We also arrange regular face to face drop-in sessions to junior doctor mess/post graduate centre for an informal chat. Recently, we have designed posters through medical illustration to advertise the role widely and encourage doctors to use exception reporting tool with QR code access. We also take part in trust junior doctor induction. We have contacted training leads across all departments in the Trust to ensure a safe culture is established for exception reporting and to ensure this can result in positive action. We are planning to attend the GoSW annual conference organised by NHSE Y&H in June.

We have engaged in various activities such as attending educational committee and Monitoring of Learning Environment meetings, meetings with doctors and training leads and participating in conferences and events related to safe working practices.

Dr Anju Aggarwal was the invited speaker on GoSW annual conference 2023 by NHS Employers to give a talk on 'My first year as a Guardian'. This was attended by over 80 guardians across the country. A follow-on talk is planned for later this year.

7. Equality Analysis

Guardians of Safe Working support all doctors in training across the Trust. We will monitor to ensure no disproportionate behaviour on any group of doctors in training based on their protected characteristics.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

9. Recommendation

1. We would recommend that the business case to recruit doctors to Trauma and Orthopaedics and Oncology is supported and prioritised, as discussed with training lead in the department.
2. Review current compensation rates for doctors in training when they are asked to cover gaps in rota, especially when cover is required at short notice. This is based on multiple discussions with doctors in training.
3. Support for running 'An Introduction into Exception Reporting for Educational Supervisors' session aimed at consultants across LTHT to raise awareness, discuss logistics and enhance engagement.

10. Supporting Information

The following papers make up this report:

- Exception Reporting dashboard 2023-24

Name of authors:
Dr Anju Aggarwal and Dr Santosh Sundararajan
Title: Guardians of Safe Working Hours
Date paper written: 9/5/24