

## Guardian of Safe Working Hours End of Year Report

### Public Board

**May 2023**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Dr Anju Agarwal and Dr Santosh Sundararajan, Guardians of Safe working Hours
<b>Author:</b>	Dr Anju Agarwal and Dr Santosh Sundararajan, Guardians of Safe working Hours
<b>Previous Committees:</b>	Learning, Education and Training Committee, January 2023 Medical Education Sub Committee, April 2023

<b>Our Annual Commitments for 2023/24 are:</b>	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
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.	Open	Moving Towards
Operational Risk		Choose an item.	Choose an item	Moving Towards
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.	Open	Moving Towards
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk		Choose an item.	Choose an item	Choose an item.

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.	For discussion and Information

## 1. Summary

The Guardians of Safe Working (GoSW) ensure that the rotas for doctors in training at LTHT adhere to the 2016 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. This report covers duration of last 12 months so some of the information is before new Guardians were appointed to the role (January 2023).

The main safety issues are inadequate staffing levels, excessive workload, responsibility for multiple patients, and time-sensitive tasks. We have escalated these concerns and are in the process of working with relevant teams to address the issues. We ask the Board to support the CSUs with significant concerns about doctors in training rotas and working conditions (details below).

## 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 reports to the Medical Education Subcommittee (MESC) and provides a regular update to the Learning Education and Training Committee (LETC), a sub-committee of the Workforce Committee.

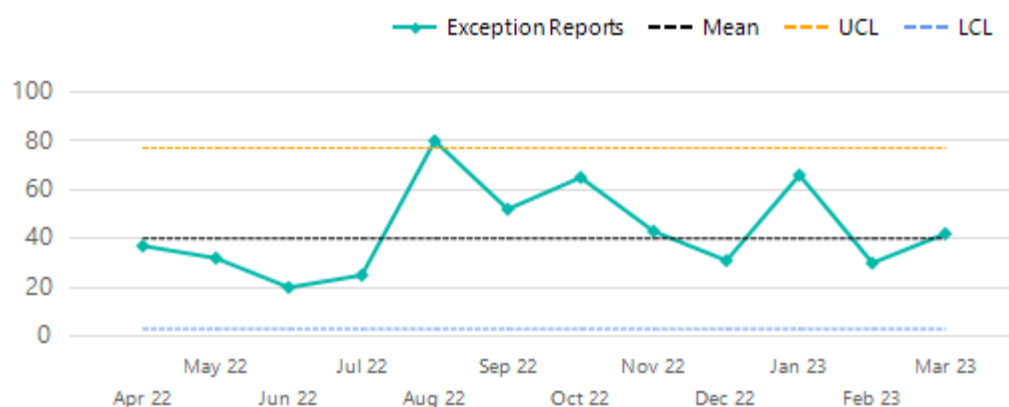
We gave an update in LETC in January and presented our first Quality report in February. This highlighted continuing exception reporting from more doctors in trainings in team, mostly about work pressure but sometimes about lack of supervision and loss of educational opportunities.

### 3. Proposal

#### Exception Reporting

From April 2022 to April 2023, a total of 544 exception reports were raised across all types. The following graphs illustrate the number of monthly exception reporting pattern:

Statistical Process Control - Exception Reports



The following chart and statistics have been provided in the attached supporting information:

- Exception reports-Year on year total
- Top 10 reporting doctors in trainings
- Top 10 reporting specialities with outcome and Immediate safety concerns (ISC)
- Top 10 reporting rotas – total and monthly
- Top 10 reporting CSUs – total and monthly
- Exception reports – breakdown by Garde and Type

#### Exception reporting by Approvers:

Approximately 73% of total reports were signed off by the Guardians, which means only 27% have been addressed by the supervisors.

#### Exception reporting by Action taken:

Approximately 70% of total reports were signed off for 'Payment'. Rest was a combination of 'No action taken, Time off in lieu and organisational change'.

#### Work Schedule Reviews

We have not needed to do a formal work schedule review this year. However, we have asked medical deployment to amend weekend rota for Foundation year doctors in Trauma & Orthopaedics (T&O) to accommodate earlier start time which they use for handover prior to starting the shift in the morning.

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

## **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.

Over the last 12 months there have been 30 breaches. All of these relate to individual situations where a doctor had worked for longer than rostered hours on a given shift. The reasons, such as short-term sickness or service pressure, have been the reason for these breaches.

There were no 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**

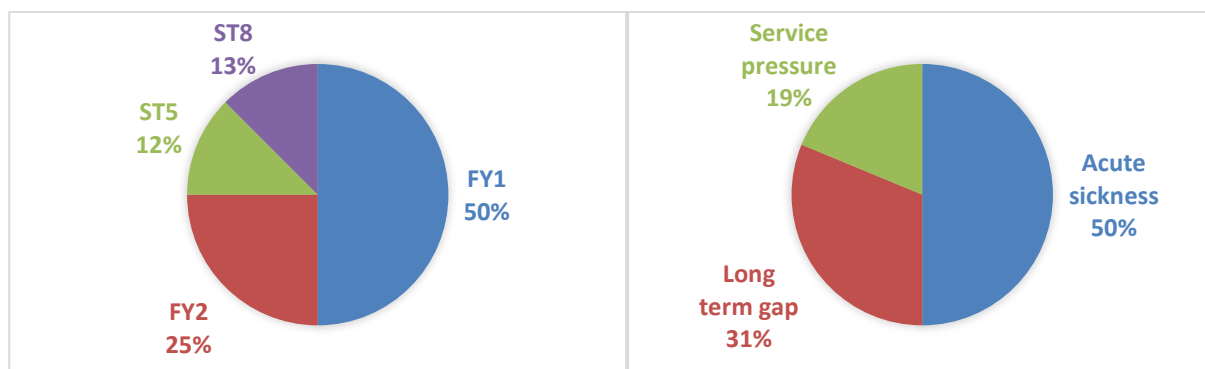
The outcome for majority of the exception reports is payment for overtime. But many of these reports are generated due to unfilled gaps in the rota. We do not monitor the financial implications. Some of our proposals would have minor financial implications. Medical Deployment / Human Resources may be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

## **5. Risk**

Risks as 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**

We analyse all reported immediate safety concerns within 24 hours. In the last 12 months there were 29 reported immediate safety concerns. After closer analysis 16 of these were identified as actual immediate safety concern 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. Junior most members of the work force, Foundation Year 1 (FY1) and Foundation Year 2 (FY2), have raised majority of these reports.



The acute sickness and rota gaps contributed to a vast majority of immediate safety concerns. Service pressure, on its own, was only contributory in three such immediate safety concerns.

We escalate immediate safety concern 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.

### Reports from Trauma and Orthopaedics (T&O)

T&O remain as the speciality with the most exception reports. We are continuing to see a steady stream of reports from FY Doctors in this speciality. We recently met with the doctors in trainings from T&O to better understand their circumstances.

The themes from these reports are:

1. Excessive workload for Foundation doctors. This is often made worse by gaps in the rota and short-term sick leave.
2. Lack of clarity in how they can access senior support when required especially in patients with acute medical co-morbidities and children.
3. Inability to leave at the end of the shift as the doctors in training has too many jobs to handover.

We have raised these with the departmental leads and are pleased to report that they have already taken steps to support foundation doctors. We will continue to monitor the situation.

## 6. Communication and Involvement

As a new team, we have featured in Trust operational update and the screensaver to introduce ourselves to doctors in training, as well as to the wider trust. We have and will continue to meet all new doctors joining the Trust at their induction. We have supported doctors in trainings through the difficult time of uncertainty about pay and industrial actions. It has led to a lot of anxiety about prospects and careers for many doctors. We will continue to show solidarity as much as we can.

We have engaged in various activities such as attending various committee meetings, Monitoring Learning Environment meeting, organising meetings with doctors in trainings and participating in conferences and events related to safe working practices.

We work closely with the Director of Postgraduate Medical Education (DPME), Medical Deployment team and CSU Directors and Managers.

We attended the GoSW annual meeting organised by NHS England Yorkshire & Humber in May. It was a great day to connect with our peers in the region and share our experiences.

We attended the 'E-rostering, rota by doctors for doctors' organised by NHS employers and learnt about innovative ideas to create a rota that works for all from other regions such as annualised rotas and personalised pay etc. We are also planning to attend their annual conference later this year.

### **Junior Doctors Forum**

The purpose of the Junior Doctors Forum (JDF) is to provide doctors in trainings with an opportunity to feedback regarding the embedding of the new contract and in particular the spending of fine money from breaches.

We held our first JDF in March. We believe it is a great platform to talk to doctors in trainings directly and to know what is working well and what is not. Unfortunately, attendance at this meeting was poor despite advertising the dates out few weeks in advance.

We are grateful to MD Operations, CD Operations, Director of HR and DPME have kindly agreed to dial in to JDF, whenever possible. We have set the dates for rest of the year. We asked for expression of interest of doctors from poorly represented CSUs and departments to join the forum and are currently exploring different ways to improve their engagement. We hope that alongside chief registrars and BMA representatives, this will raise the profile of these meetings and will make them more meaningful.

### **Locum rates discussion**

We attended two meetings to discuss the locum rates for doctors in training in LTHT. The opinion of doctors in trainings and BMA is that the LTHT rates are significantly lower than the most neighbouring trusts in the region. This is also important keeping in mind that patient cared for in Leeds as tertiary centre are often more complex and workload is heavier. It was an observation that there is a lot of unhappiness and feeling of dissatisfaction amongst doctors in trainings. This is an on-going issue. As Guardians, we will work with the management team and BMA representatives to support our doctors in trainings in the best possible way.

### **Going forward**

We are required to highlight issues reflected in exception reports and ensure those are escalated appropriately. We will continue to do our best to support juniors through following initiatives:

1. Continue working with DPME towards finding a solution for workload issue in T&O. There is a proposal for arranging medical cover from LGI for patients in T&O with medical co-morbidities. This of course is a big piece of work as medical team is

already over stretched. We will liaise with management team, clinical director, lead clinicians and operation team as necessary.

2. Continue overseeing provision of doctors' mess on both sites. We understand that a physical space and costing has been undertaken at St James site which is welcome news. We look forward to similar progress at LGI too.
3. Continue to support educational supervisors and college tutors to improve doctors in trainings working lives by appropriate provisions within the departments such as ensuring rest facilities, IT support, timely release of weekly rotas, appropriate clinical supervision to doctors in trainings on the wards etc.
4. Continue to connect and learn from our peers in the region and nationally through various events and platforms. We collaborate with chief registrars, leadership fellows, Local Negotiating committee and BMA representatives, whenever required.

## **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 particular group of doctors in training based on their protected characteristics.

## **8. Publication Under Freedom of Information Act**

This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

Public domain:

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

## **9. Recommendation**

1. We would like the Board to support the T&O to address the rota gaps and working condition as it continues to generate a significant proportion of exception reports.
2. We have asked DPME to give Guardians an opportunity to talk to educational supervisors in any future event organised for training leads in LTHT.
3. We would appreciate support from the Board for us to organise and hold regular face-to-face meetings with doctors in training. This will not only boost their morale but also enhance our engagement.

## **10. Supporting Information**

The following papers make up this report:

- Exception Reporting data May 2023

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Date paper written: 18/5/23