

<b>Meeting title</b>	<b>Workforce Board</b>	
<b>Report title:</b>	<b>Guardian of Safe Working Hours Annual Report (2023 - 2024)</b>	<b>Agenda item:</b>
<b>Lead director</b>	<b>Name:</b> Dr Ian Reckless	<b>Title:</b> Medical Director
<b>Report author</b>	<b>Name:</b> Dr Janet Costa	<b>Title:</b> GOSWH
<b>Sponsor(s)</b>		
<b>FOI status:</b>		

<b>Report summary</b>	
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/> <b>Approval</b> <input type="checkbox"/> <b>To note</b> <input type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	This report is supplied to board for information only to demonstrate the compliance with current terms and conditions of medical staff in training.

<b>Strategic objectives links</b>	<ul style="list-style-type: none"> <li>• Deliver key performance targets.</li> <li>• Develop a robust and sustainable future.</li> <li>• Become well-governed and financially viable.</li> <li>• Improve workforce effectiveness.</li> <li>• Develop as a good corporate citizen.</li> </ul>
<b>Board Assurance Framework links</b>	
<b>CQC regulations</b>	<ul style="list-style-type: none"> <li>• Regulation 17: Good Governance</li> <li>• Regulation 18: Staffing</li> </ul>
<b>Identified risks and risk management actions</b>	<p>As raised by trainees, there were concerns with rota, staff vacancies, excessive workload during weekend on calls and night on calls in various departments. –</p> <p><b><u>Acute Medicine:</u></b></p> <p>As raised by trainees about weekend frailty on call cover was extremely busy shift to cover before and after 5pm specially after 5pm when 1 doctor used to cover multiple wards which resulted in a extremely busy shift with multiple acute wards to cover after 5 including stroke, cardiology and oncology ward.</p> <p>Changes implemented:</p> <p>With feedback from the foundation doctors and the specialty trainees, changes were made on the weekday and weekend frailty shifts.</p> <ol style="list-style-type: none"> <li>1. Weekday: A frailty SHO shift was introduced to carry out post take ward round with Frailty consultant on call starting at 8 am after that to join acute on call take.</li> <li>2. Weekend: Changes were made between ward 2A and frailty foundation year 1 doctor shift to adjust job role. Job was re distributed between frailty SHO and an additional floating SHO for equal distribution of job load.</li> </ol>

Since these changes were implemented, no further concerns were voiced from trainees. On feedback from trainees, all mentioned about overall good job satisfaction.

**General Surgery/Urology exception reports:**

From December 2022 on wards there were concerns about exception reports from surgical directorate multiple concerns:

1. Exception reports not being actioned for longer time.
2. Changes on rota co-ordinators.
3. Less actions/discussion from educational/clinical supervisors.
4. High volume of exception reports mainly due to working extra hours after shifts, busy on calls specially weekends, staff shortages.

These was also highlighted by trainees on the GMC survey by the trainees.

**Actions taken:**

1. Multiple discussions happened with the guardian of safe working hours, MDO office, surgical college tutor Miss Singh, surgical CSU lead Mr. Ray- Chaudhury.

2. One to one training was provided from the MDO office to the rota co-ordinator. Additional support was provided to the rota co-ordinator.

3. This issue was also discussed in surgical consultant departmental meetings to increase awareness among educational and clinical supervisors.

4. Focused email was sent to the educational and clinical supervisors, whose trainees raised exception reports.

Outcome:

Since all the communication and implementation was taken, surgical exception reports do get actioned on time with outcome agreed with the trainees.

**Foundation year doctors' concerns about general sugery, colorectal and Urology rota/staffing/ missing self-development time:**

Concerns were raised from foundation year one doctors.

Issues raised:

1. Staff shortages specially during weekend on calls due to sickness, absences and not all gaps replaced by bank shifts.

2. Extreme workload on the ward with acutely unwell patient during weekend on calls which also mentioned affect length of stay and delay in decision making for patient care.
3. Escalation of locum pay rate for the foundation doctors to a standard rate than a basic locum rate.
4. Missing opportunities of allocated self-development time for acuity of the patient load and staff shortages.

Action taken:

This was discussed in multiple meeting with foundation doctors, foundation programme directors, surgical afternoon meetings, with surgical college tutor, guardian of safe working hours and director of medical education was also made aware. Surgical rota team was also part of the discussion and communications.

A meeting was held with Surgical divisional director, operational lead and the foundation doctors in surgery.

Issues identified:

1. Communication between rota team and foundation doctors were on of the issues as there were new rota co-ordinator in place.
2. Escalation of staff sickness and shortages to the right channel.
3. Scheduled standard self-development time which is usually allocated for personal learning/audit activities was missed specially during December, January busy time. It was also identified by the rota team, difficulties with allocation of time with multiple factors with annual leave also one of the factors was multiple days were taken by junior doctor's strike days.
4. It was also identified that foundation doctors should also raise individual with their issues with educational and clinical supervisors.

Actions:

1. Weekly meeting with rota co-ordinator and foundation doctor representative to discuss rota issues, gaps etc were agreed to be a way forward to solve regular issues and pre-empt any upcoming issues.
2. On weekend days, to escalate any staffing issues to the senior members of the team even to the on-call consultants as appropriate to re allocate the available junior to the right place. It was reassured by the surgical divisional director that all the consultants would engage with the process.

3. Rota team would continue to put self-development time on the work roster to ensure to time has been missed.
4. Encouragement to the foundation doctors to discuss any issues with their educational and clinical supervisors to get more support in time.

Outcome:

After implementation of all the changes, updated communication, on face-to-face meeting during junior doctor's forum, an overall satisfaction form foundation doctors in surgical directorate has been mentioned along with efficient action of the exception reports from surgical directorate has been noted and been continued.

**Human resources support:**

Due to the changes on the human resources team due to leave, there were some delays for a short period on to the allocate system with the allocation of the log in details and allocate system.

With new person allocation and training this issue has now been resolves.

New human resources person who now deals with exception reporting, rota checking, staffing is Joanna Frame.

**Obs and gynae rota:**

There was one issue where a less than full time GP trainee rota was not provided on time i.e. 6 weeks prior to starting the job. This was identified as breach in junior doctors' contract agreement.

This issue was escalated to me from HR office. This was escalated for urgent action to the Obs and Gynae rota team, Obs and Gynae CSU lead and divisional director.

An urgent meeting between rota co-ordinator was held on the same day of escalation of the matter and a junior doctor compliant rota was planned which was agreed by the doctor.

With discussion with the trainee doctor, about the experience with getting the rota not 6 weeks in advance was there any concerns or any additional support needed to accommodate the work schedule, no concerns was raised from the trainee and was overall satisfied with the rota.

<b>Resource implications</b>	Compliance with the employer conditions set out in the <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016</i>
<b>Legal implications including equality and diversity assessment</b>	<b>N/A</b>

<b>Report history</b>	
<b>Next steps</b>	Report for information only
<b>Appendices</b>	

## 1. Executive summary:

This report is the annual report of Guardian of Safe Working Hours (Guardian): Dr Janet Costa (Consultant General, Geriatric and Stroke Medicine), covering the period of 01 April 2023 to 29<sup>th</sup> February, 2024.

This report describes the ongoing application of contractual requirements introduced in the new issue of Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016; specifically covering the elements of the Guardian of Safe Working Hours, exception reporting for variation in work hours or educational opportunities, immediate safety concerns, rota design / work schedule review, trainee post vacancies and the junior doctor forum.

In summary Milton Keynes University Hospital has provided the contractual requirements specified in the 2016 Terms and Conditions for doctors in training. Further efforts are required to ensure trainees continue to be aware of the facilities open to them, ensuring that Educational Supervisors are aware of their responsibilities and are responsive and junior doctor rota designs remain compliant with contractual requirements.

### Introduction:

NHS Employers introduced a new issue of national terms and conditions for doctors in training in August 2016, which affects many factors of the working life of a doctor in training. The implementation of these terms and conditions was phased, across specialties and doctors' grades between August 2016 to August 2017, resulting in all doctors in training being covered by these terms and conditions from August 2017 with update on pay uplift on 2019 updated version.

This report covers April 2023– February, 2024 and covers the system of exception reporting and the role of the Guardian.

### **Definitions**

**Work schedules** – Each trainee doctor is given a document (work schedule) that describes the expected working hours, shift patterns, and pay.

**Exception reports** – Trainee doctors are provided with a mechanism to report (electronically) when:

*“When their day-to-day work varies significantly and/or regularly from the agreed work schedule”.*

(NHS Employers 2016, terms and conditions of service for NHS Doctors and Dentists in Training, p 31)

Exceptions are reported by the trainee and reviewed by the Educational Supervisor (typically a consultant) and an outcome agreed.

**Work Schedule Reviews** - A review of the rota design and staffing numbers due to exception reports.

**TOIL** - Time off in lieu, for extra work done at a previous time.

**Fines** – Fines levied by the Guardian when a service has breached the conditions set out in the August 2016 Terms and Conditions.

**ISC** – Immediate Safety Concern is indicated when a doctor feels there is an immediate substantive risk to safety of patients when raising an exception report.

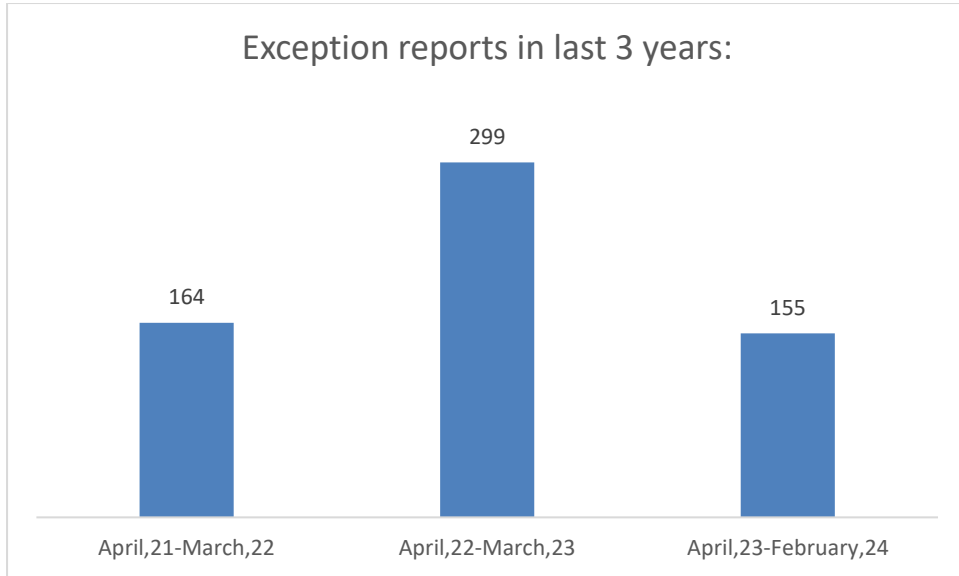
## **2. Exception Reporting:**

Milton Keynes University Hospital provides the following in support of the trainee doctors and the exception reporting process:

- An online exception reporting tool
- A Guardian of Safe Working Hours (consultant responsible for overseeing compliance on safe working hours)
- A Director of Medical Education (consultant responsible for overseeing the quality of educational experience)
- A Junior Doctor Forum to discuss exception reports, fines and other arising issues affecting trainee doctors at the Trust.

Number of doctors/dentists in training (total)	
Number of doctors/dentists in training on 2016 TCS (total)	181
Amount of time available in job plan for guardian to do the role	1PA of 4 hours per week
Admin support provided to the guardian (if any)	0.2 WTE
Amount of job-planned time for educational supervisors	0.25 PAs per trainee or 1 hour per week

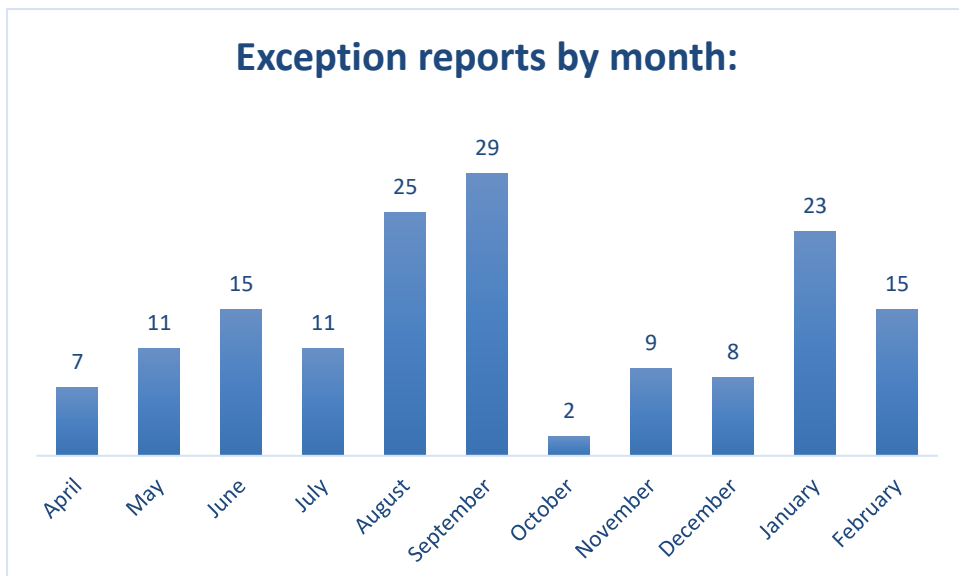
**155 Exception Reports Raised from April 2023 – February, 2024.**



**Comparison of exception reports in last 3 years:**

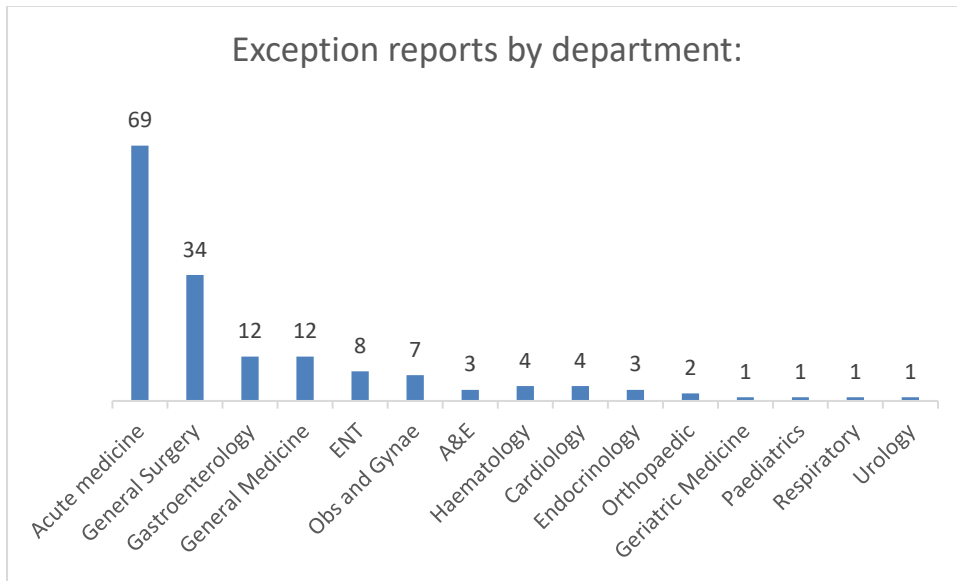
There has been 155 exception reports last year, which is less than previous year. There were multiple informal discussions in different departments and different level of trainees which resolved some of the issues informally.

**Exceptions by month:**

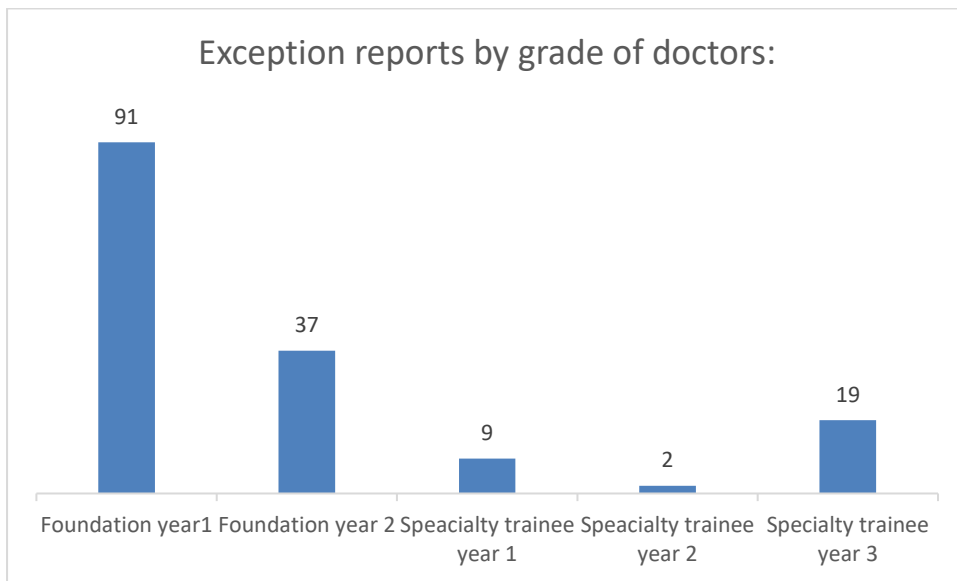




**Exception reports by department:**



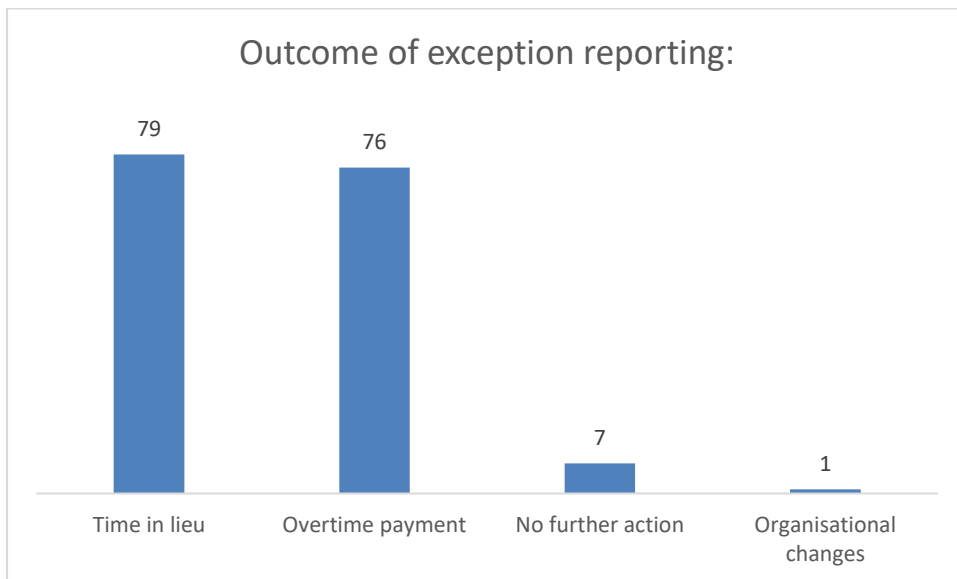
**Exception reports by grade of doctors:**



**Reasons for exception reporting:**



**Outcome of exception reporting:**



In summary, there were **155** exception report from April,23- February 24, which indicates good use of exception reporting system by junior doctors. Peak months of exception reporting were August, September and January is usually the regular pattern in last year too. Most of these exception reports were because of additional hours of working i.e. staying late after shift. Most of these exception reports were from Acute medicine and general surgery departments and majority of them were form foundation year doctors. Overall, August and September are the time of junior doctors' hand over time which result in high volume of

exception reports and December, January are when the busiest winter months with high volume of hospital month which likely result in extra hour of working.

Maximum numbers of exception reports were from acute medicine (45%) and general surgery (22%) along with other acute medical specialties Gastroenterology (7.7%), Geriatric medicine (7.7%) and ENT (5%). Obs and Gynae (4.5%). These follow similar trends from previous years.

58% of the exception reports were from foundation year 1 doctors, 24% from foundation year 2 doctors, 12% from specialty year 3 doctors. These also follow the general trend, maximum exception reports come from foundation year doctors.

93% of reports were due to working additional hours i.e., staying late during ward duties on weekdays and on calls and most quoted reasons by trainee doctors were pressure of acute patients and staffing shortages, these patterns are similar as previous years. This reflects junior trainee doctors needing more support including adequate ward staffing, senior support and reflects junior trainee doctors are more efficient in escalating issues and are aware of the exception reporting system.

There were 7 exception reports with immediate safety concerns all of them were due to low staffing levels during acute on calls, acutely unwell patients and high patients load during on calls; 5 were from acute medicine, 1 from Gastroenterology and 1 from Obs and gynae. 6 of the exception reports were appropriately discussed in relevant departments, trainees and educational supervisors and acknowledged for regular review of on call staffing levels and maximum efforts to be given for short notice sickness cover for on call shifts specially for night and weekend on call cover. On detailed review, there were no actual patient care safety concerns. Communications were made to the relevant educational and clinical supervisors for adequate support to the junior doctors specially during on calls. One exception report from Obs and gynae department from January, 2024 still waiting update from team about outcome, email notification has been sent to the supervisor, trainee, and the rota co-ordinator in obs and gynae to resolve this matter.

51% exception reports (79 out of 155) were resolved with time in lieu, 49% (76 out of 155) were resolved with overtime payment, 5% did not need any further additional action. There were staffing/ rota changes as explained before in general medicine department with frailty on call rota over weekend which improved work life satisfaction of junior doctors during weekend frailty on call weekend cover, as per feedback from junior doctors.

There is one unresolved exception report with safety concerns from the Obs and Gynae department at the time of writing the report and weekly email reminder been sent to the supervisor, trainee and the obs and Gynae rota co-ordinator, if ongoing delay in response in resolving the matter, then further notification to the CSU lead is planned.

### **3. Reports with Immediate Safety Concerns:**

Between 01 April 2023 and 29<sup>th</sup> February 2024, a total of **155** exceptions were raised by trainee doctors. Of these, **7** were indicated as immediate safety concerns (ISC).

Division	Grade of doctors			Total
	Foundation Year Doctors	Specialty trainee ST1	Specialty Register	
Acute Medicine	3	2	0	5
Gastroenterology	0	0	1	1
Obs and Gynae	1	0	0	1

### **Acute medicine:**

There were 3 exception reports with safety concerns for acute medicine, 3 from foundation trainee grade doctors and 2 from specialty trainee doctors.

### **Reasons:**

3 of them were because of severely busy on call shifts which resulted in delay in hand overs and late finish from work, along with lack of rest time and feeling over worked.

2 exception reports were due to acute patient load on the ward which resulted in staying extra hours on weekdays.

**Actions:** All these exception reports were discussed with the trainees, clinical supervisor and Rota coordinators, reflection was made on involving senior members of team including consultant during extreme busy period and Rota team continuously monitor staffing level to ensure adequate staffing levels where appropriate.

Additional hours were paid back with payment and time in lieu.

### **Gastroenterology:**

There was 1 exception report with safety concerns in Gastroenterology from specialty registrar.

### **Reasons:**

This exception was done as there were two emergencies at the same time on the gastro ward one cardiac arrest and another patient with acute life-threatening bleed and sepsis out of hours. All the emergency bleep holder doctors had to manage two acute emergencies at the same time, and all stayed 2 hours late beyond their rostered shift time.

### **Actions:**

An appropriate discussion was documented with the trainee and educational supervisor and was acknowledged about the acute emergency at similar time and acknowledged how trainee doctor provided excellent care by staying additional hours. It was also acknowledged that no actual patient safety concerns were affected. Payment was also agreed for the additional hours worked.

**Obs and gynae:**

There was 1 exception report with safety concerns from Obs and gynae reported by foundation year 2 doctor.

**Reason:**

This exception report was done because of no lunch break and finished 1.10 hours after finish time. Concern regarding sufficient time to rest and focus on working, acute emergency on labour ward, maternity ward, emergency surgery along with patient on assessment unit. Poor continuity of care within the team, no working ECG on the ward, no computers for doctors to use on the antenatal wards, no handover sheet, inadequate hand over of patients.

**Actions:**

This report is unresolved exception report with safety concerns from the Obs and Gynae department at the time of writing the report and weekly email reminder been sent to the supervisor, trainee and the obs and Gynae rota co-ordinator, if ongoing delay in response in resolving the matter, then further notification to the CSU lead is planned.

**4.Exception reports due to missing educational opportunities:**

There were 11 exception reports last year regarding missing educational opportunities.

Division	Grade of doctors		Total
	Foundation Year Doctors	Specialty trainee (ST1-ST2)	
A&E	1	0	1
Acute Medicine	3	0	3
Pediatrics	0	1	1
General Surgery	4	0	4
Obstetrics and gynecology	0	1	1
Urology	1	0	1

Exception reports due to missing educational opportunities were all because of missing opportunities to attend mandatory weekly teaching, all from variety of departments. Again, most of them (82%) were from foundation year doctors. Reasons for missing mandatory teaching sessions were due to busy acute work schedule or being on call. All were reviewed appropriately with director of medical education Dr Butterworth and individual educational supervisors; trainees were advised to complete further reports if there are recurrent episodes. A regular review been also discussed by foundation training program director to ensure foundation year doctors achieve mandatory core teaching hours and change has been made with the weekly teaching time for the foundation year 2 doctors.

### **1. Departmental work schedule review:**

#### **Medicine rota review:**

As raised by trainees about weekend frailty on call cover was extremely busy shift to cover before and after 5pm specially after 5pm when 1 doctor used to cover multiple wards which resulted in a extremely busy shift with multiple acute wards to cover after 5 including stroke, cardiology and oncology ward.

Changes implemented:

With feedback from the foundation doctors and the specialty trainees, changes were made on the weekday and weekend frailty shifts.

1. Weekday: A frailty SHO shift was introduced to carry out post take ward round with Frailty consultant on call starting at 8 am after that to join acute on call take.
2. Weekend: Changes were made between ward 2A and frailty foundation year 1 doctor shift to adjust job role. Job was re distributed between frailty SHO and an additional floating SHO for equal distribution of job load.

Since these changes were implemented, no further concerns were voiced from trainees. On feedback from trainees, all mentioned about overall good job satisfaction.

#### **Self development time:**

I was raised by surgical foundation year 1 doctors about missing opportunities of allocated self-development time for acuity of the patient load and staff shortages.

**Discussions:** This issue was dicussed in surgical depratment, foundation doctor meeting with GOSW, foundation doctors programme director, junior doctors forum.

#### **Actions:**

Scheduled standard self-development time which is usually allocated for personal learning/audit activities was missed specially during December, January busy time. It was also identified by the rota team, difficulties with allocation of time with multiple factors with annual leave also one of the factors was multiple days were taken by junior doctor's strike

days. Surgical rota team would continue to put self-development time on the work roster to ensure no self-development time has been missed.

## 5. Fines

Fines are levied by the Guardian of Safe Working hours on departments for the following reasons:

- a breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule).
- a breach of the maximum 72-hour limit in any seven days.
- that the minimum 11 hours' rest requirement between shifts has been reduced to fewer than eight
- Where a concern is raised that breaks have been missed on at least 25% of occasions across a four-week reference period, and the concern is validated and shown to be correct.

Distribution of fined monies is then agreed at the junior doctor forum and individual doctors awarded penalty rate payments for the hours (above normal bank rate) that take them over these contractual limits. NHS employers make it quite clear that fines should be the exception and should never happen if the system of exception reporting is working (Guardian fines factsheet, NHS Employers).

**Within the period of this report there have been there have been no fines.**

## 6. Junior Doctor Forum

The August 2016 Terms and conditions require that the Guardian and Director of Medical Education run a Forum for trainee doctors. This forum is both to provide advice, update, and encourage open discussion of issues with trainee doctors and to agree distribution of fines levied by the Guardian.

- Updates from Chairman, Guardian, DME
- Local Negotiating Committee
- Medical Staffing
- Round table discussion from specialties on issues arising since last meeting.
- Improvement ideas or up and coming changes.

Minutes are taken and shared with all junior doctors, Rota Coordinators, Operational and General Managers, the Director of Clinical services, and Medical Director.

MKUH has run quarterly junior doctor forum since August 2017. The meeting is chaired by JDF chair which is represented by trainee junior doctor. Dr. Ashwini Venkatesh.

Junior doctors' strike was observed few times in last year. This was discussed pre-strike in Junior doctor's forum with medical director, BMA representative, Junior

doctors and guardian of safe working hours and it was assured by medical director that all junior doctors are allowed from the trust to take part on stroke action and they should not feel threatened by anyone. No concerns were raised by trainees before or after stroke about any concerns.

### **7.Summary:**

2024 was a challenging year for all of us with admission pressures, waiting list demands, routine elective operations and psychological impact on the trainees due to work fatigue and pay disparity. Junior doctors' strike and consultant strike was observed few times last year. This was discussed pre-strike in Junior doctor's forum with medical director, BMA representative, Junior doctors and guardian of safe working hour. No concerns were raised by trainees before or after strikes.

All the concerns raised from trainees via exception report system and other part of communication with special attention to surgical department with communication, rota issues, staffing, exception report, self-development time has been dealt with involvement of extensive communication with surgical directorate, support and communication from the foundation doctors programme director, director of medical education and communication via junior doctor's forum.

Feedback from junior doctors were taken on regular basis and there was overall satisfaction from the trainees.

There is one pending exception report from Obs and Gynae department with safety concerns which needs to be actioned, an escalation email has been sent to the CSU lead, rota co-ordinator to action immediately which will be followed up by guardian of safe working hours.

### **8.Ongoing action plans:**

**For trainees:** To continue to encourage trainees to complete exception reports.

- I will continue to do my regular email bulletin.
- I will continue to provide information in the induction session in August.
- Ongoing communications with the junior doctors to continue to improve working hours and improve training experience in Milton Keynes University Hospital.
- I will continue to attend Foundation teaching sessions, departmental teaching sessions on a quarterly basis to discuss departmental issues.

**For trainers:** For better understanding of exception process and to provide adequate support to the trainees:

- I will continue my regular information bulletin.



- I will continue to discuss the exception process in departmental meetings and continue communication with educational and clinical supervisors in areas escalated by trainees.

**For departmental rota co-ordinators, medical staffing:** To improve timely action on rota issues, working hours and providing adequate staffing support on areas where needed, will continue to meet with all departmental rota co-ordinators on regular intervals.

### 11. Decisions required from the board

None – For information and assurance only.

#### References:

NHS Employers (2017), Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, Version 2, 30<sup>th</sup> March 2017, Available online at:

<http://www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/Terms-and-Conditions-of-Service-for-NHS-Doctors-and-Dentists-in-Training-England-2016-Version-2--30-March-2017.pdf>

NHS Employers (2017), Guardian fines factsheet, Updated 4<sup>th</sup> January 2017, Available online at:

<https://www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/Guardian-fines-factsheet.pdf?la=en&hash=6E91D80F0899FEBAD76A55EA5DB5242EDDB2DEBD>

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