



Cover Sheet

Public Trust Board Meeting: Wednesday 08 May 2024

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Title: Guardian of Safe Working Hours Quarterly Report Quarter 4:
January – March 2024

Status: For Information
History: Quarterly update

Board Lead: Chief Medical Officer
Author: Miss Ruth Houlden, Deputy Guardian of Safe Working Hours
Dr Robert Stuart, Guardian of Safe Working Hours
Confidential: No
Key Purpose: Assurance

Executive Summary

1. This Quarterly Report on Safe Working Hours for doctors in training (Q4: Jan-Mar 2024) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Doctors in Training.
2. **Exception Reporting:** Data implying a ten-fold increase in Accident and Emergency exception reports illustrates how an issue with the exception reporting process affects credibility and oversight relating to safe working hours.
3. **Locum Bookings:** The change in the management of the Medical Staff Bank means that locum data is still being validated.
4. **Work Schedule Reviews:** There have been no formal work schedule reviews in this quarter. A rostering risk has been raised with Acute & Geriatric Medicine.
5. **Fines:** The guardian of safe working hours reviews doctors' exception reports for potential financial penalties, but the exception reporting software's inconsistencies pose practical challenges. Of 300 reports, 23 could face fines, though their financial details are currently unavailable. The deputy guardian, in partnership with Medical Staffing and Finance, is working to provide the Junior Doctors' Forum (JDF) access to fines. However, challenges remain in achieving visibility and streamlining fund reporting within the JDF cost centre.
6. **Safe Working Hours Assurance:** The assumption is that data collected from various sources accurately represents safe working hours practices for all junior doctors nationwide, regionally, and locally, including those at OUH. However, evidence suggests that this data may not be reliable enough for the guardian to assure the Board of doctors' safe working hours. Consequently, the guardian is collaborating with stakeholders to pinpoint specific factors at OUH that can be improved locally.

Recommendations

7. The Trust Board is asked to receive this report for information.

Guardian of Safe Working Hours Quarterly Report Quarter 4: January – March 2024

1. Purpose

- 1.1. This Quarterly Report on Safe Working Hours for doctors in training (Q4: Jan-Mar 2024) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Doctors in Training (also referred to as 'Trainees' and 'Junior Doctors').

2. Report Limitations

- 2.1. It is important to recognise the limitations that challenge our capacity to offer dependable assurance. These encompass our dependency on sporadic and voluntary feedback, compounded by the absence of dedicated corporate administrative support, resulting in limited readily accessible information on this issue.
- 2.2. The absence of reports of non-compliance does not necessarily indicate compliance, and the guardian suggests interpreting the report with caution due to these limitations.

3. Background

- 3.1. The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 state:
 - The Guardian reports to the Board of the employer (and host organisation, if appropriate), directly or through a committee of the Board, as follows:
 - The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the JLNC, or equivalent. It will include data on all rota gaps on all shifts.
 - A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Trust Chief Executive. This report shall also be provided to the JLNC, or equivalent.
 - Where the Guardian has escalated a serious issue in line with Terms and Conditions paragraph 10(d) and the issue remains unresolved, the Guardian must submit an exceptional report to the next meeting of the Board.
 - The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England

(Local office), Care Quality Commission, General Medical Council and General Dental Council.

- There may be circumstances where the Guardian identifies that certain posts have issues that cannot be remedied locally and require a system-wide solution. Where such issues are identified, the Guardian shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g., Health Education England, NHS England, NHS Improvement) to find a solution.

4. Q3 Report

- 4.1. It has become increasingly evident since August 2023, that the reliability of exception reporting data has been adversely affected by a change in how doctors are able to use the exception reporting software. The change leads to incorrect specialty information (erroneously defaults to Accident and Emergency) and incorrect supervisor information (not included within these reports). In this report the exception reporting data is presented uncleaned and consequently needs to be interpreted with caution.

Table 1: High level data

Number of OUH employees (approx. total)	12,000
Number of OUH junior doctors (approx. total)	1,400
Number of doctors in training: Total Deanery posts	922
Number of doctors in training: not currently in post (Parental leave/long-term sick/out of programme)	41
Number of doctors in training: Fulltime / Less than fulltime	709/213
Locally employed 'junior' doctors	450
Number of junior doctor rosters (approx.)	200
Foundation year 1	95
Foundation year 2	122
Core Trainees	32 (18 surgical)
IMTs	76
Dental	5
General Practice	34
Specialty Trainees	558
Job planned time for Guardian	8 hours / week
Job planned time for Deputy Guardian	4 hours / week
Dedicated admin support for the Guardian Role, the JDF and issues arising related to safe working hours (Requested 1 WTE)	8 hours / week

Exception reports (with regard to working hours) – Appendix 1

- 4.2. 292 exception reports were closed, and 8 exception reports remain open from Q4, (quarterly average = 165 / range 47 – 392).
- 4.3. The data imply a ten-fold increase in Accident and Emergency exception reports since August 2023 (monthly average = 23) compared to the long-term average since 2017 (monthly average = 2). On further investigation the common factor between the reporting doctors is not working in Accident and Emergency, but instead how they are able to use the exception reporting software. They report issues with specialty selection from the drop-down option box (their specialty isn't included, they can't change from the default, their report reverts to the default after correct selection). This matter has been escalated to the medical staffing team to investigate.
- 4.4. 2 'immediate concerns' were raised in Q4; the threshold to submit such concerns is subjective. (The uncleaned data indicate 4 'immediate concerns', but 3 of the reports were duplicates of each other)).
- 4.5. The first 'immediate concern' exception report described the impact of staff shortage in covering patient-facing clinical duties during time allocated for administration, in turn 3.5 hours of administration were completed in the doctor's own time. Whilst this exception report is appropriate, it does not appear to meet the contractual definition of an immediate concern.
- 4.6. The second 'immediate concern' exception report described a 5 hour late finish when a locum didn't turn up to cover staff shortage; the reporting doctor stayed to ensure safe clinical cover and escalated to the lead consultant and medical staffing. Time off in lieu was the agreed action.

Locum Bookings / Locum work carried out by Junior Doctors – Appendix 2

- 4.7. In this quarter, the change in the management of the Medical Staff Bank from NHS-Professionals to Patchwork in March has affected locum data which is still being validated.

Work Schedule Reviews

- 4.8. There were no formal work schedule reviews in this quarter.
- 4.9. Exception reports raised by a doctor in Acute & Geriatric Medicine during Q3 and Q4, illustrated the risk of rostering staff to the limits of working time regulations without any buffer to mitigate against breaching contractually defined safe working hours. The guardian has escalated this matter to the clinical leads for further assessment.

Rota Gaps / Vacancies

- 4.10. Contractually this report; 'will include data on all rota gaps on all shifts'.

- 4.11. There is no central collation of trainee vacancy data. The management of vacancies is largely devolved to individual managers who are responsible for the 178 junior doctor rotas.

Fines

- 4.12. Contractually; 'the Guardian of safe working hours will review all exception reports copied to them by doctors to identify whether a breach has occurred which incurs a financial penalty'. In practice Guardian review is not always possible as the exception reporting software does not reliably identify all types of breach.
- 4.13. 23 (of 300) exception reports were associated with a possible fine. At the time of writing, financial data relating to these exception reports was not available.
- 4.14. The deputy guardian of safe working hours has been working with Medical Staffing and Finance Corporate Functions to ensure that the JDF has access to the accrued fines.

5. Conclusion

- 5.1. The assumption that collated information accurately reflects safe working hours practices for junior doctors nationally, regionally, and locally, including at OUH, is challenged by evidence indicating unreliable data. This hampers the guardian's ability to assure the Board of doctors' safe working hours. Collaborative efforts with stakeholders at OUH are aimed at identifying and optimising local factors. Assurance reports currently rely on the absence of system-wide concerns and satisfactory responses at individual or service levels. Efforts are underway with the Chief Medical Officer (CMO) and Assurance Team to establish a purposeful framework for safe working hours reporting, prioritising safety in doctors' working hours.

6. Recommendations

- 6.1. The Trust Board is asked to receive this report for information.

Appendix 1: Exception Report Summary Data

Summary of OUH exception reports: Jan/Feb/Mar.2024 (uncleansed data)					
		Jan	Feb	Mar	Total
Reports (all reports submitted within 2 weeks of quarter ending)	Total	106	97	97	300
	Closed	106	97	89	292
	Open	-	-	8	8
<i>The data below relates to the 300 closed exception reports only</i>					
Individual doctors / specialties reporting	Doctors	34	33	35	60
	Specialties	14	13	12	18
Immediate concern		1	-	3	4
Nature of exception	Hours & Rest	99	83	85	267
	Education	11	15	12	38
Additional hours ('Hours & Rest' exception reports only)	Hours (plain time)	95.0	82.9	91.3	269.1
	Hours (night-time)	23.3	14.8	21.8	59.8
	Total hours	118.2	97.7	113.0	328.9
	Hours per exception report	1.2	1.2	1.3	1.2
Response	Agreed	106	97	88	291
	Not Agreed	-	-	1	1
Agreed Action ('No action required' is the default action for 'education' exceptions)	Time off in lieu	47	60	69	176
	Payment for additional hours	43	20	14	77
	No action required	16	17	5	38
Grade (as submitted, without data cleansing, there are usually 4 or 5 grades)	F1	48	65	45	158
	SHO	19	5	7	31
	F2	21	3	3	27
	StR	8	2	15	25
	SPR	-	8	7	15
	FStR	3	4	3	10
	StR (CT)	4	2	3	9
	FStR (FT)	-	4	3	7
	FF1	1	2	1	4
	FSPR	-	2	2	4
	FSHO	2	-	-	2
Hospital Site (uncleansed)	(blank)	23	32	19	74
	John Radcliffe Hospital	22	20	30	72
	JR2	14	17	21	52
	JR	17	7	5	29
	Churchill Hospital	16	1	5	22
	NOC	6	5	1	12
	Horton	3	3	1	7
	RBH	-	7	-	7
	John Radcliffe	3	1	1	5
	Horton General Hospital	1	-	3	4
	Churchill	-	1	2	3
	Chruchill	-	2	-	2
	John Radcliffe Hospital	1	-	1	2
	GP Practice	-	1	-	1
	Exception type (more than one type of exception can be submitted per exception report)	Late finish	85	78	75
Unable to achieve breaks		28	19	17	64
Unable to attend scheduled teaching/training		9	14	4	27
Exceeded the maximum 13-hour shift length		6	6	8	20
Difference in work pattern		5	2	6	13
Minimum 11 hours rest between resident shifts		4	2	2	8
Early start		-	3	2	5
Teaching cancelled		2	1	-	3

	Inadequate supervision	-	-	2	2
	Request a work schedule review	-	-	2	2
Specialty	General Medicine	40	27	29	96
	Accident and emergency	29	32	22	83
	Endocrinology and Diabetes Mellitus	2	8	9	19
	Urology	13	-	1	14
	Gastroenterology	2	3	7	12
	Orthopaedic surgery	6	5	1	12
	Haematology	2	8	-	10
	Paediatric Surgery	2	5	2	9
	General Surgery	4	2	2	8
	Paediatrics	-	1	5	6
	Renal medicine	-	-	6	6
	Other	1	2	2	5
	Infectious diseases	1	-	3	4
	Cardiology	2	1	-	3
	Medical Oncology	-	2	-	2
	Cardio-thoracic Surgery	-	1	-	1
	Plastic Surgery	1	-	-	1
Respiratory medicine	1	-	-	1	

Appendix 2: Locum Data

Summary of OUH Locum Filled Shifts: Jan/Feb/Mar.2024					
		Jan	Feb	Mar	Total
Locum Shifts	Total	1692	1793	1507	4992
	Bank*	1377	1348	1056*	3781
	Agency*	315	445	451*	1211
Grade	Specialty	1386	1430	1287	4103
	Core	219	247	134	600
	Foundation	87	116	85	288
Specialty (top 20 specialties only)	Spinal Services	185	291	299	775
	Orthopaedic and Trauma Surgery	190	190	166	546
	Emergency Medicine	167	183	169	519
	Cardiothoracic Surgery	107	115	153	375
	General Surgery	116	121	113	350
	Cardiology	136	114	90	340
	Medicine	96	133	107	336
	Acute Medicine	129	107	89	325
	Obstetrics and Gynaecology	50	52	28	130
	Urology	51	37	26	114
	Neonatal Intensive Care	49	41	14	104
	Palliative Medicine	45	35	22	102
	Haematology	47	27	16	90
	Oral and Maxillofacial surgery	30	35	20	85
	Paediatrics	26	40	19	85
	Paediatric Surgery	21	25	25	71
	Care of the Elderly	16	29	23	68
	Respiratory	22	31	14	67
	Vascular Surgery	24	24	18	66
	Neurosurgery	28	25	10	63
Reason	Vacancy	1308	1443	1318	4069
	Sick	156	146	82	384
	Extra Cover	120	105	59	284
	Industrial Action Cover	37	42	-	79
	Other	37	26	15	78
	Study Leave	6	5	12	23
	Exempt from On Calls	3	10	7	20
	Paternity Leave	6	5	6	17
	Pregnancy/Maternity Leave	13	2	2	17
	Compassionate/Special Leave	4	7	5	16
	Annual Leave	-	2	1	3
	COVID-19	2	-	-	2
	Self-Isolation COVID-19 Auto Approved	-	-	-	-
	Division	Neurosciences Orthopaedics Trauma and Specialist Surgery	584	707	594
Medicine Rehabilitation and Cardiac		583	632	587	1802
Surgery Women and Oncology		353	317	237	907
Not Mapped		164	128	83	375
Clinical Support Services		8	9	6	23

*Bank and agency locum shifts Mar.2024, incomplete data due to the switch from NHSP to Patchwork