



## Cover Sheet

Public Trust Board Meeting: Wednesday 13 November 2024

TB2024.94

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**Title:** Guardian of Safe Working Hours Quarterly Report Quarter 2:  
July–September 2024

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**Status:** For Information  
**History:** Quarterly update

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

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## Executive Summary

1. This Quarterly Report on Safe Working Hours for Resident Doctors (Q2: Jul-Sep 2024) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Resident Doctors.
2. **Deputy Guardian of Safe Working Hours:** During this quarter, following resignation, a new deputy was successfully appointed.
3. **Exception Reporting:** The accuracy of exception reporting data has been compromised due to the configuration of reporting software, resulting in default errors (e.g., specialties incorrectly defaulting to "Accident and Emergency" and missing supervisor information). Consequently, this quarter's exception report data remains uncorrected and should be interpreted with caution.
4. **Locum Bookings:** A total of 2,737 resident locum doctor shifts were filled this quarter, with the top reason for locum usage being vacancies, accounting for 2,260 shifts. Due to inconsistencies in specialty and grade definitions across reporting platforms, triangulation between locum and exception reporting data is currently unfeasible.
5. **Fines and Breach Monitoring:** The Guardian of Safe Working Hours reviewed exception reports to identify breaches warranting financial penalties. Of 354 exception reports, 30 noted possible fines, primarily for shifts exceeding the maximum 13-hour length (24 reports). In response, the Guardian issued 20 fines from 14 reports, totalling £3,343 (£1,254 to reporting doctors and £2,090 to the JDF). A working group of resident doctors has been established to enhance rest facilities using the fines' income.
6. **Junior Doctor Forum (JDF) and Engagement Initiatives:** The July JDF meeting, attended by the Chief Medical Officer, prioritised enhancing trainee engagement and allocating fines to address Resident Doctors' needs. Resident Doctors also cited limited office space for clinical work, prompting discussions to invite Estates/Facilities representatives to future meetings for further input on facility upkeep.

## Recommendations

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

## Guardian of Safe Working Hours Quarterly Report Quarter 2: July–September 2024

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### 1. Purpose

- 1.1. This Quarterly Report on Safe Working Hours for Resident Doctors (Q2: Jul-Sep 2024) is presented to the Board with the aim of providing context and assurance around safe working hours for OUH Resident Doctors (previously referred to as 'Trainees' and 'Junior Doctors', Doctor in Training).

### 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. Q2 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 Resident Doctors (approx. total)  | 1,400            |
| Number of doctors in training: Total Deanery posts  | 1,015            |
| Number of doctors in training: not currently in post (Parental leave/long-term sick/out of programme)                     | 56               |
| Number of doctors in training: Fulltime / Less than fulltime  | 784/231          |
| Locally employed 'resident' doctors   | 450              |
| Number of resident doctor rosters (approx.)   | 200              |
| Foundation year 1   | 118              |
| Foundation year 2   | 130              |
| Core Trainees   | 35 (15 surgical) |
| Internal Medicine Training  | 82               |
| Dental  | 4                |
| General Practice  | 37               |
| Specialty Trainees  | 609              |
| 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) | 0 hours / week   |

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

- 4.2. 354 exception reports were closed, and 17 exception reports remain open from Q2, (quarterly average = 179 / range 47 – 392).
- 4.3. As recorded, the data appear to show that one quarter of exception reports arise in 'Accident and emergency', but this is likely to be an error and reflects challenges with exception reporting software and how it is utilised.
- 4.4. 11 'immediate concerns' were raised in Q2; the threshold to submit such concerns is subjective.
- 4.5. 8 of the immediate concerns were raised by a single doctor, who amended each of these exception reports; "*Apologies didn't mean to select "immediate concern" thought it meant discussion with consultant"*.
- 4.6. 2 immediate concerns related to the impact of rota gaps causing additional hours of working at a high and unsustainable intensity. In both cases, the reporting doctor raised the concern with the supervising consultant.
- 4.7. 1 immediate concern arose when a new starter was rostered to mandatory induction in the day followed by a night shift. The doctor raised the issue ahead of the shift with medical staffing and the departmental HR team; they received conflicting advice about managing the situation. They felt compelled to prepare for the mandated shift by attending the induction. This issue will be mitigated in future by rota management or locum cover to avoid new starters having to work the first night after handover.

**Locum Bookings/Locum work carried out by Resident Doctors – Appendix 2**

- 4.8. The total number of Resident Locum Doctor shifts in this quarter was 2,737 (quarterly average = 3,357 / range 1,356 – 4,992). The top reason for locum usage was 'vacancy' for 2,260 shifts (quarterly average = 2,482 / range 772 – 4,069).
- 4.9. The triangulation of locum data with exception reporting data is not possible due to differences with the nomenclature used to define specialty and grade categories between the two reporting platforms. The provider of the locum reporting platform will be asked to update to standardised nomenclature.

**Work Schedule Reviews**

- 4.10. There were no formal work schedule reviews in this quarter.
- 4.11. In this quarter, specialty trainees due to join Colorectal Surgery in October, highlighted differences between their work schedules and the departmental duty roster that could cause regulation breaches. The directorate management team, responded to say that the duty roster has been amended and will be compliant. The issue arose because the rota

coordinator (a doctor) wasn't correctly utilising 'zero days' – they were trying to create additional training opportunities.

### **Rota Gaps / Vacancies**

- 4.12. Contractually this report 'will include data on all rota gaps on all shifts'.
- 4.13. There is no central collation of trainee vacancy data. The management of vacancies is largely devolved to individual managers who are responsible for more than 150 Resident Doctor rotas.

### **Fines**

- 4.14. 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.
- 4.15. 30 (of 354) exception reports from 10 specialties submitted by 22 doctors reported a possible fine. The most common reason for a breach is reported as; "Exceeded the maximum 13-hour shift length" (24/30 reports).
- 4.16. The Guardian has levied 20 fines from 14 exception reports, totalling £3,343 (£1,254 paid to reporting doctor and £2,090 paid to the JDF). The Guardian requires and has requested information for the remaining 16 exception reports before a fine can be levied.
- 4.17. The Guardian is given financial oversight relating to fines via an Excel spreadsheet held in an MS Teams folder. At the time of writing the balance in the JDF cost centre = £20,410.61 (Apr.2024 update).
- 4.18. The Deputy Guardian has convened a working group of Resident Doctors for improvement of rest facilities, using income from fines to support this.

## **5. Junior Doctors' Forum**

- 5.1. A hybrid JDF meeting was held in July and was attended by the Chief Medical Officer.
- 5.2. The CMO emphasised a commitment to improving trainee engagement in both the forum and decisions related to the allocation of fines money. Resident Doctors voiced particular concerns about inadequate parking, highlighting the unique difficulties they face due to rotational roles that require regional travel, where public transport is often impractical. The forum discussed the need to utilise the allocated £20k before the end of the financial year, with an approved cost centre now in place. Priorities include enhancing rest facilities outside the JR, such as the Women's Centre (refurbishing the Resident Doctors' office), West Wing, NOC, Horton, and

Churchill, to support safe, suitable spaces for trainee rest. Given ongoing estates and upkeep costs, representatives from Estates/Facilities should be invited to upcoming meetings for further input. Resident Doctors also expressed concerns about limited access to basic office space to carry out clinical work.

## **6. Monitoring Junior Doctor Working Hours Procedure**

6.1. This procedure is being updated, with the publication date pushed back so that the procedure can account for conditions included within the Resident Doctor pay settlement.

## **7. Conclusion**

7.1. In conclusion, this quarterly report highlights both progress and ongoing challenges in ensuring safe working hours for OUH Resident Doctors. Key updates include the successful appointment of a new Deputy Guardian, while issues such as compromised exception reporting data and the inability to triangulate locum and exception report metrics require ongoing attention. The Guardian's monitoring led to financial penalties where breaches were identified, with fines allocated to improve rest facilities, underscoring a commitment to supporting Resident Doctors welfare. The Junior Doctor Forum, with active support from the Chief Medical Officer, continues to address concerns around practical needs, including rest spaces and office facilities, to foster a safer and more supportive work environment.

7.2. Although the absence of major concerns is positive, the current assurance processes fall short of the Guardian's expectations. This report underscores the critical need for enhanced data systems and robust assurance processes to effectively manage Resident Doctors working hours and prioritise patient safety.

## **8. Recommendations**

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

## Appendix 1: Exception Report Summary Data

| Summary of OUH exception reports: Jul/Aug/Sep.2024                                     |   |      |       |       |       |
|--|---|------|-------|-------|-------|
|  |   | Jul  | Aug   | Sep   | Total |
| Reports (all reports submitted within 2 weeks of quarter ending)                       | Total   | 74   | 144   | 153   | 371   |
|  | Closed  | 74   | 137   | 143   | 354   |
|  | Open  | -    | 7     | 10    | 17    |
| <i>The data below relates to the 354 closed exception reports only</i>                 |   |      |       |       |       |
| Individual doctors / specialties reporting   | Doctors                                       | 30   | 54    | 56    | 101   |
|  | Specialties                                   | 14   | 18    | 14    | 21    |
| Immediate concern  |   | 1    | 9     | 1     | 11    |
| Nature of exception  | Hours & Rest                                  | 73   | 132   | 128   | 333   |
|  | Education                                     | 3    | 10    | 24    | 37    |
| Additional hours ('Hours & Rest' exception reports only)                               | Hours (plain time)                            | 70.4 | 133.6 | 143.4 | 347.3 |
|  | Hours (night-time)                            | 14.3 | 37.1  | 20.3  | 71.6  |
|  | Total hours                                   | 84.6 | 170.7 | 163.7 | 419.0 |
|  | Hours per exception report                    | 1.2  | 1.3   | 1.3   | 1.3   |
| Response   | Agreed  | 74   | 134   | 141   | 349   |
|  | Not Agreed                                    | -    | 3     | 2     | 5     |
| Agreed Action ('No action required' is the default action for 'education' exceptions)  | Time off in lieu                              | 44   | 107   | 112   | 263   |
|  | Payment for additional hours                  | 27   | 13    | 11    | 51    |
|  | No action required                            | 3    | 14    | 18    | 35    |
| Grade  | F1  | 46   | 70    | 113   | 229   |
|  | F2  | 12   | 30    | 6     | 48    |
|  | SHO   | 5    | 20    | 11    | 36    |
|  | StR   | 2    | 7     | 8     | 17    |
|  | SPR   | 3    | 5     | -     | 8     |
|  | FF2   | 3    | 4     | -     | 7     |
|  | FStR  | 3    | -     | 1     | 4     |
|  | StR (CT)                                      | -    | 1     | 3     | 4     |
| Hospital Site  | FSPR  | -    | -     | 1     | 1     |
|  | John Radcliffe Hospital                       | 22   | 61    | 49    | 132   |
|  | (blank)                                       | 27   | 14    | 19    | 60    |
|  | Churchill Hospital                            | 6    | 19    | 12    | 37    |
|  | John Radcliffe                                | 2    | 14    | 18    | 34    |
|  | Horton General Hospital                       | -    | 15    | 15    | 30    |
|  | Churchill                                     | 2    | 7     | 12    | 21    |
|  | NOC   | 4    | 2     | 8     | 14    |
|  | JR2   | 9    | 1     | -     | 10    |
|  | John Radcliffe Hospital                       | -    | 1     | 7     | 8     |
|  | Chruchill                                     | -    | -     | 2     | 2     |
|  | John Radcliffe and Horton                     | -    | 2     | -     | 2     |
|  | GP Practice                                   | 1    | -     | -     | 1     |
|  | Horton  | -    | -     | 1     | 1     |
|  | John Radclilffe                               | 1    | -     | -     | 1     |
| JRH  | -   | 1    | -     | 1     |       |
| Exception type (more than one type of exception can be submitted per exception report) | Late finish                                   | 66   | 117   | 120   | 303   |
|  | Unable to achieve breaks                      | 21   | 23    | 27    | 71    |
|  | Exceeded the maximum 13-hour shift length     | 4    | 8     | 14    | 26    |
|  | Unable to attend scheduled teaching/training  | 1    | 6     | 18    | 25    |
|  | Difference in work pattern                    | 0    | 12    | 2     | 14    |
|  | Minimum 11 hours rest between resident shifts | 1    | 7     | 5     | 13    |
|  | Difference in work pattern                    | -    | 6     | 1     | 7     |
|  | Early start                                   | -    | 3     | -     | 3     |
|  | Unable to attend clinic/theatre/session       | 1    | -     | 1     | 2     |
|  | 72 hours work in 168 hours                    | -    | 1     | -     | 1     |



|                             |   |    |    |    |           |
|-----------------------------|---|----|----|----|-----------|
|                             | Difficulty completing workplace based assessments | -  | 1  | -  | <b>1</b>  |
|                             | Request a work schedule review                    | 1  | -  | -  | <b>1</b>  |
| Specialty ( <i>Top 10</i> ) | Accident and emergency                            | 27 | 25 | 31 | <b>83</b> |
|                             | General Medicine                                  | 12 | 37 | 32 | <b>81</b> |
|                             | General Surgery                                   | 2  | 9  | 22 | <b>33</b> |
|                             | Geriatric Medicine                                | -  | 16 | 14 | <b>30</b> |
|                             | Haematology                                       | 6  | 13 | 1  | <b>20</b> |
|                             | Medical Oncology                                  | -  | 2  | 14 | <b>16</b> |
|                             | Renal medicine                                    | 2  | 8  | 6  | <b>16</b> |
|                             | Orthopaedic surgery                               | 4  | 2  | 8  | <b>14</b> |
|                             | Paediatric Surgery                                | 3  | 6  | 3  | <b>12</b> |
|                             | Gastroenterology                                  | 4  | -  | 4  | <b>8</b>  |

## Appendix 2: Locum Data

| Summary of OUH Locum Filled Shifts: Jul/Aug/Sep.2024 |  |       |       |     |       |
|--|--|-------|-------|-----|-------|
|  |  | Jul   | Aug   | Sep | Total |
| Locum Shifts   | <b>Total</b>   | 1,019 | 1,013 | 705 | 2,737 |
|  | Bank   | 960   | 1,005 | 664 | 2,629 |
|  | Agency   | 59    | 8     | 41  | 108   |
| Grade  | Specialty  | 565   | 508   | 393 | 1,466 |
|  | Core   | 436   | 498   | 307 | 1,241 |
|  | Foundation   | 18    | 7     | 5   | 30    |
| Specialty (top 20 specialties only)                  | Acute Medicine   | 275   | 284   | 140 | 699   |
|  | Orthopaedic and Trauma Surgery                           | 161   | 168   | 140 | 469   |
|  | General Surgery  | 79    | 91    | 42  | 212   |
|  | Cardiothoracic Surgery                                   | 61    | 57    | 23  | 141   |
|  | Spinal Services  | 59    | 17    | 45  | 121   |
|  | Obstetrics and Gynaecology                               | 34    | 26    | 43  | 103   |
|  | Urology  | 44    | 19    | 31  | 94    |
|  | Respiratory  | 24    | 28    | 38  | 90    |
|  | Paediatrics  | 27    | 32    | 25  | 84    |
|  | Paediatric Surgery                                       | 26    | 29    | 19  | 74    |
|  | Oncology   | 23    | 32    | 13  | 68    |
|  | Neurosurgery   | 26    | 32    | 6   | 64    |
|  | Oral and Maxillofacial surgery                           | 24    | 19    | 19  | 62    |
|  | Endocrinology and Diabetes                               | 20    | 19    | 8   | 47    |
|  | Care of the Elderly                                      | 14    | 18    | 7   | 39    |
|  | Neonatal Intensive Care                                  | 17    | 13    | 9   | 39    |
|  | ENT  | 2     | 18    | 18  | 38    |
|  | Renal Medicine   | 20    | 10    | 7   | 37    |
|  | Gastroenterology   | 12    | 14    | 10  | 36    |
|  | Plastic Surgery  | 7     | 12    | 10  | 29    |
| Reason   | Vacancy  | 815   | 865   | 580 | 2260  |
|  | Sick   | 126   | 64    | 66  | 256   |
|  | Other  | 12    | 16    | 23  | 51    |
|  | Compassionate/Special Leave                              | 8     | 25    | 12  | 45    |
|  | Exempt from On Calls                                     | 3     | 25    | 9   | 37    |
|  | Industrial Action Cover                                  | 28    | -     | -   | 28    |
|  | Study Leave  | 9     | 5     | 4   | 18    |
|  | COVID-19   | 10    | 3     | 3   | 16    |
|  | Pregnancy/Maternity Leave                                | 7     | 7     | 2   | 16    |
|  | Annual Leave   | 1     | 3     | 6   | 10    |
| Division   | Medicine Rehabilitation and Cardiac                      | 401   | 427   | 229 | 1057  |
|  | Neurosciences Orthopaedics Trauma and Specialist Surgery | 381   | 369   | 304 | 1054  |
|  | Surgery Women and Oncology                               | 232   | 214   | 167 | 613   |
|  | Clinical Support Services                                | 5     | 3     | 5   | 13    |