Sheffield Teaching Hospitals NHS
NHS Foundation Trust

EXECUTIVE SUMMARY

REPORT TO BOARD OF DIRECTORS

Held on the 29 March

Subject	Guardian of Safe Working Annual Report
Supporting TEG Member	Jennifer Hill, Medical Director (Operations)
Author	Dr. Ajay Raithatha
Status[1]	A*

PURPOSE OF THE REPORT

The Annual Report on Safe Working Hours for doctors in training (2021) is presented to the Board. It details quantitative data around safe working hours. It details the number and types of exception reports made by junior doctors in 2021. It provides context and assurance around safe working hours for STH Doctors in Training (also referred to as 'Trainees' and 'Junior Doctors') provides an annual update on the work of the Guardian of safe working, and notes areas of concern in terms of exception reporting, work schedules and fines.

KEY POINTS

The Covid-19 pandemic continued during 2021 and the number of exception reports has increased significantly compared to 2020. A detailed breakdown, including speciality data, is detailed within the report. Non-Covid related organisational changes in workload and pressure are likely to have accounted for much of this increase, alongside Covid related increased staff sickness and absence due to isolation.

There has been a targeted advertisement of the exception reporting process within the trust and to directorates and supervisors to ensure trainees appropriately access the system. In the context of this and the factors detailed above, it is reassuring that rates are lower than in 2019, and at similar levels to prior years.

Trainee Gaps within our organisation have fallen to around 6.5%. Agency locum utilisation for trainee slot vacancies remains low at 1.07%.

Foundation 1 doctors continue to report the highest, and a disproportionate, number of 'hours & rest' exception reports (68%) particularly in General Surgery and General Medicine. There has been a rise in the number and proportion (9.9%) of educational exception reports.

81% of ER's describe late finishes and are the sole reason in 60%. 72% of exception reports at STH are closed for payment. The timely processing of exceptions by clinical supervisors has improved, with 99.7% of ER's closed for 2021. ISC's (immediate safety concerns) make up 2% of submitted ER's. The vascular F1's (incoming August 2021) were moved to general surgery and there is an ongoing review of that area.

There were 92 guardian fines in total relating to 17 doctors, all related to a breach of the 48 Hours ruling.

The current balance of the guardian fund (secondary to fines paid in) is £72,598.

Emergency Medicine and Neonatology rotas are now fully compliant with their weekend frequency. The Critical Care SpR rota at NGH has a minority exceeding 1:3 weekend frequency, for review with a change planned for August 2022. The GoSW will monitor closely.

The JDF meets bi-monthly and has strong links with the Chief Registrar and medical director's office. There are active JDF spending proposals detailed within the report.

There continue to be extensive wellbeing resources available to trainees in the Trust.

The impact of the increased availability of LTFT to all trainees is likely to have a significant effect on gaps, levels of exception reporting and the need for the trust to employ additional staff such as clinical fellows and MTI doctors. The trust is in the process of reviewing Information Technology platform trials of rota management platforms, which will hopefully fully incorporate exception reporting tools and facilities. There is a persistently high level of exception reporting from Foundation Year 1 doctors across the trust, particularly within general surgical and general medicine directorates, which is concerning and needs to be addressed. The efforts directorates and colleagues have gone to, in supporting junior doctors and dentists at this difficult time is acknowledged and appreciated.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2017-2021		**TICK AS APPROPRIATE**
1	Deliver the Best Clinical Outcomes	√
2	Provide Patient Centered Services	
3	Employ Caring and Cared for Staff	√
4	Spend Public Money Wisely	√
5	Deliver Excellent Research, Education & Innovation	√

RECOMMENDATIONS

To note the contents of the report before presentation and discussion at HR and OD committee on 14/3 and onward reporting to the Board.

APPROVAL PROCESS

Meeting	**Date**	**Approved Y/N**
Trust Executive Group	02/03/2022	√
Trust Board of Directors	29/03/2022	

[1] Status:A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

[2] Against the five aims of the STHFT Corporate Strategy 2017-21

Guardian of Safe Working Hours Report for 2021
Dr. Ajay Raithatha
Sheffield Teaching Hospital NHS Foundation Trust

Introduction

The junior doctor and dentist contract was introduced in 2016, and the trust is familiar with the concept of exception reporting and fines for specified issues relating to fatigue. Amendments to the contract were made in 2018 following an agreed period of renegotiation, with challenging requirements for implementation for trusts over the subsequent 18 months. In autumn 2019 the Junior Doctors Contract was reviewed involving lengthy discussions between NHS Employers, BMA and the junior doctors committee. A summary of the relevant changes can be found at: https://www.nhsemployers.org/sites/default/files/media/Rota-rules-at-a-glance_0.pdf

This annual report is a formal requirement of the contract along with quarterly update reports, which have been presented at the HR & OD meetings. The Guardian of Safe working team consists of:

Dr. Ajay Raithatha (Consultant in Critical Care & Anaesthesia and Guardian of Safe Working) and Mrs. Kerry Moorby (Senior HR Manager). The team works closely with the Director and Deputy Director of Postgraduate Medical Education, Drs. Alison Cope and Olufunso Olarinde especially in relation to educational issues and related exception reports. The team is well supported by the medical director's office and the head of medical HR, Mrs. Paula Eyre.

Providing good working conditions and safeguarding the working hours and educational experiences of doctors in training at STH is a key and integral part of ensuring that safe working practices are maintained, and that staff fatigue is avoided. Ensuring that the terms and conditions of the contract are effectively implemented and monitored mitigates the risk to patients, is critical in ensuring staff engagement and is important in attracting and retaining the highest calibre of Drs in training in the trust. This is particularly important at foundation level where there is now much greater geographical movement than in previous years.

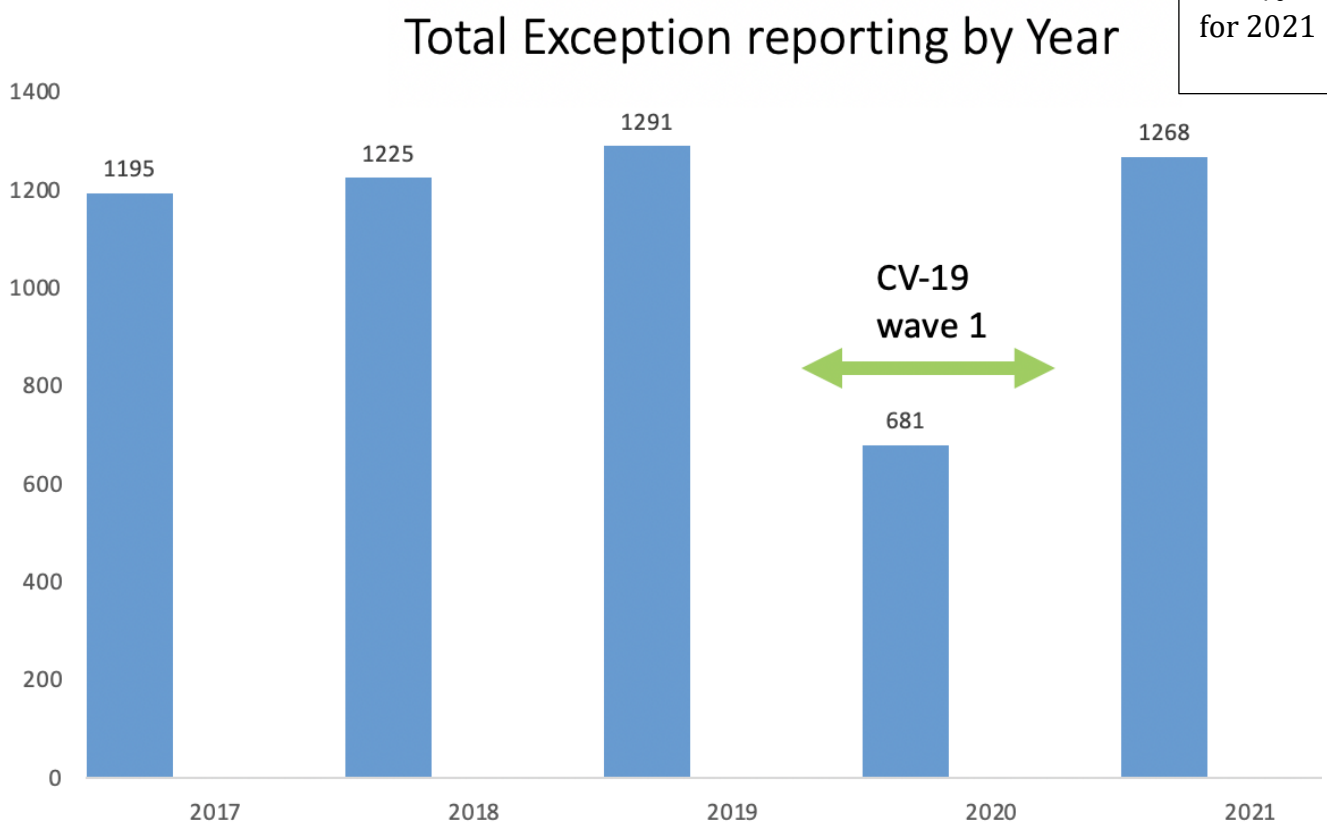
Exception reporting in the Trust:

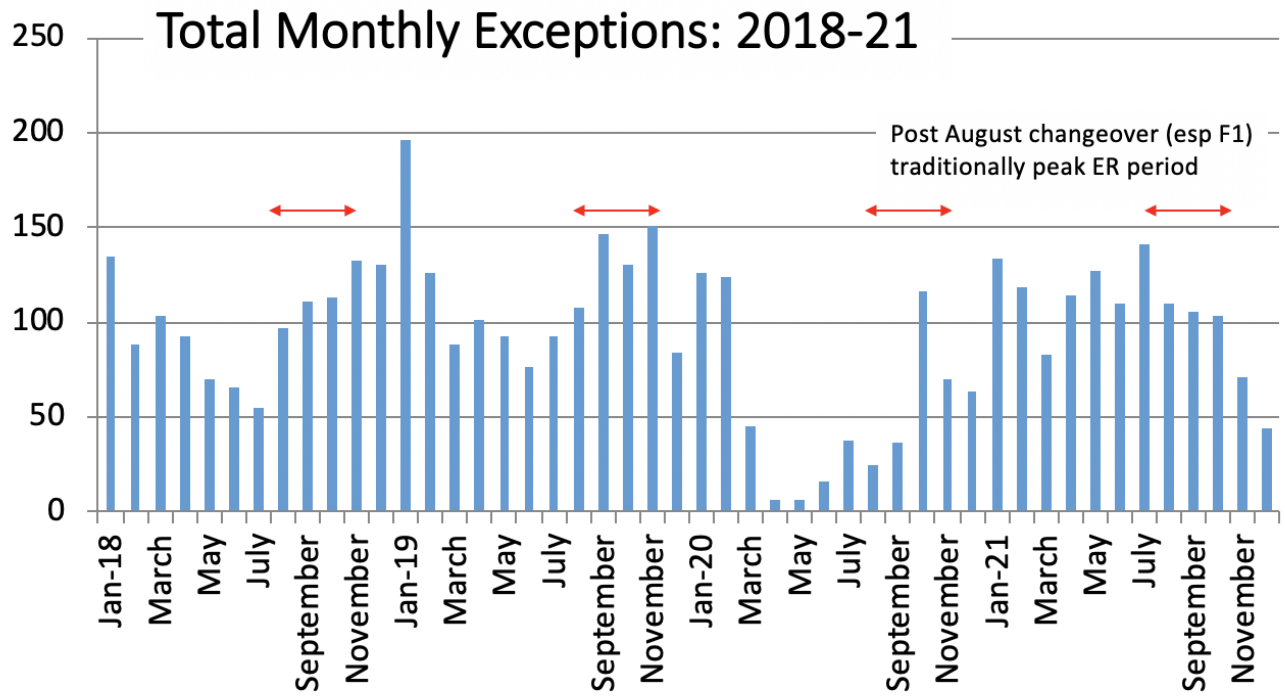
Exception reports are the mechanism by which junior doctors receive compensatory time or payment for working outside of their work schedules. The graphs demonstrate that exception reporting processes are working and being completed by trainees, and that the opportunities to receive appropriate compensation are being taken in accordance with contract recommendations.

The graphs below demonstrate details of exception reporting at STH in 2021. The average number of exception reports per month in 2021 was 106, with a total of 1268. This represents a significant increase on 2020. Non-Covid related organisational changes in workload and pressure are likely to have accounted for much of this increase, alongside Covid related increased staff sickness and absence related to isolation.

There have been significant efforts to promote exception reporting to trainees, directorates and supervisors which has coincided with a drive to promote exception reporting by the BMA. We have displayed posters from the BMA in the trust. Given this appropriate promotion of the process, the workload pressures detailed above and also Covid related sickness and isolation the increase in reports is to be expected. It is reassuring that rates are lower than 2019 and at similar levels to prior years (see associated graphs below for further detail).

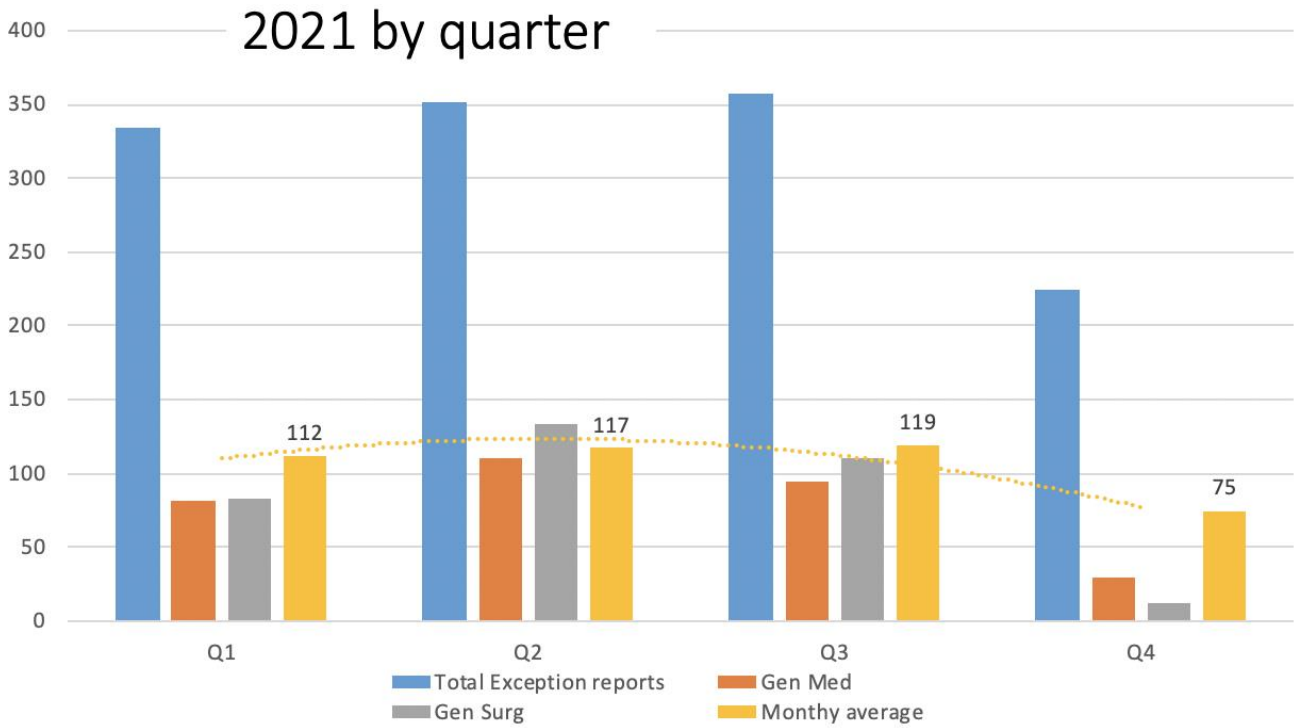
99.7% closed for 2021



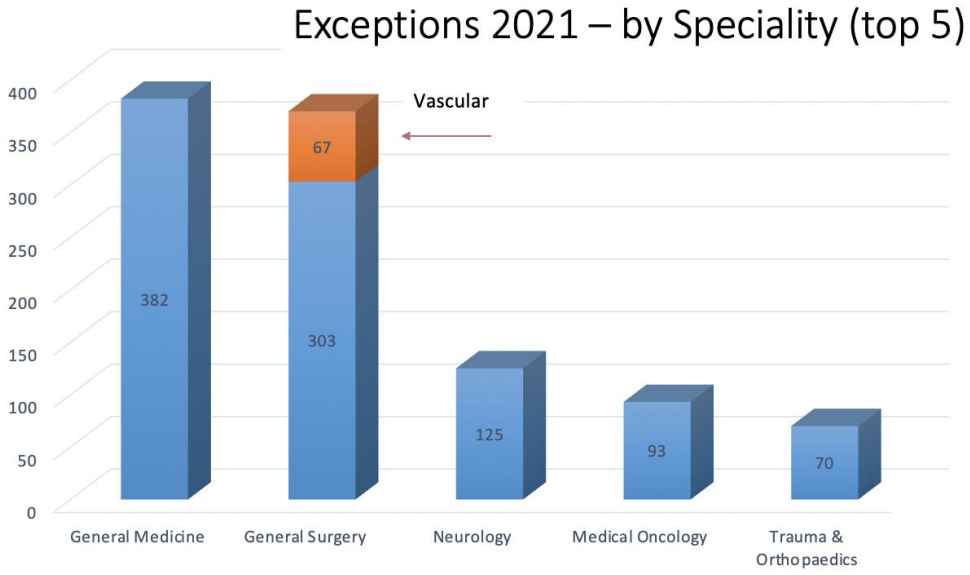


Total exceptions over the initial six months of 2021 were significantly increased, presumably an effect of peaks in Covid admissions and surge, parallel to increased non-Covid activity and gaps created by staff sickness and isolation. Over the course of several years the period August – January, manifests peaks in exception reporting versus the rest of the year. This is likely multifactorial but is likely related to:

- Junior doctors starting out in posts with understandable reduced efficiency (especially in context of a significant proportion being Foundation year 1 and new doctors from medical school)
- The peak ‘winter’ pressure period (Sep – Jan)



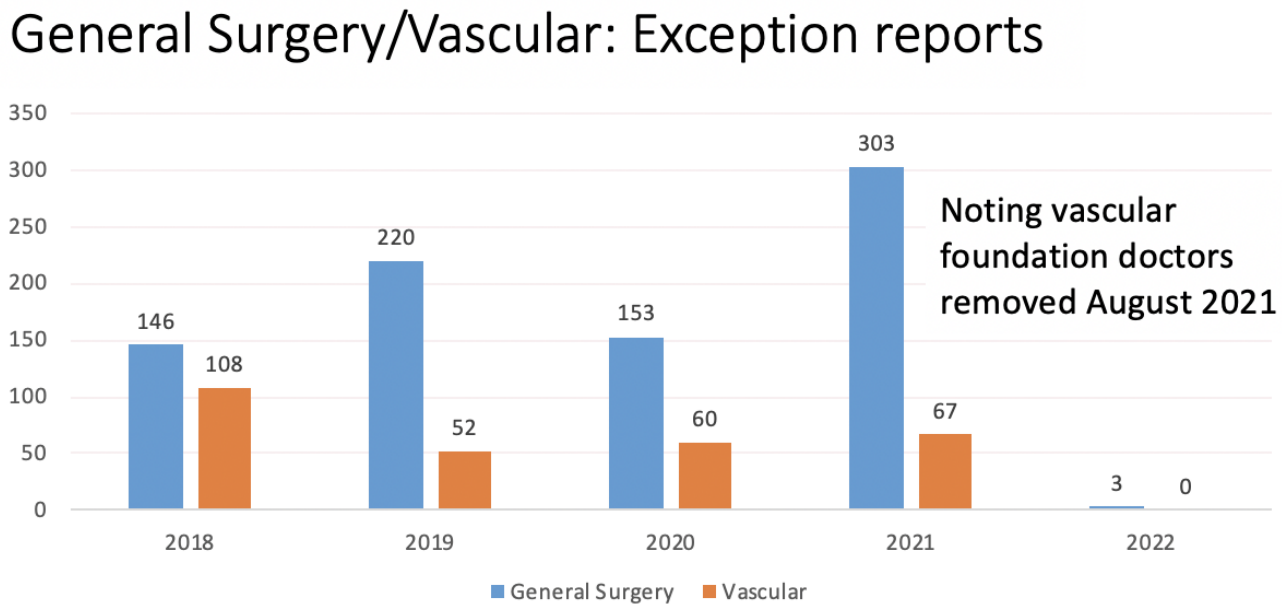
There appears to be a reduction in ER’s at the end of Q3 and into Q4 for 2021, versus prior non-Covid years. This may be related to improved drives and efforts at optimising medical school assistantship schemes and inductions. The slide below demonstrates a similar signal from data in the highest reporting areas of general surgery and general medicine in Q3/4, additional efforts to continue to support doctors (especially new FY1 doctors) at this time must be re-emphasised and continued.

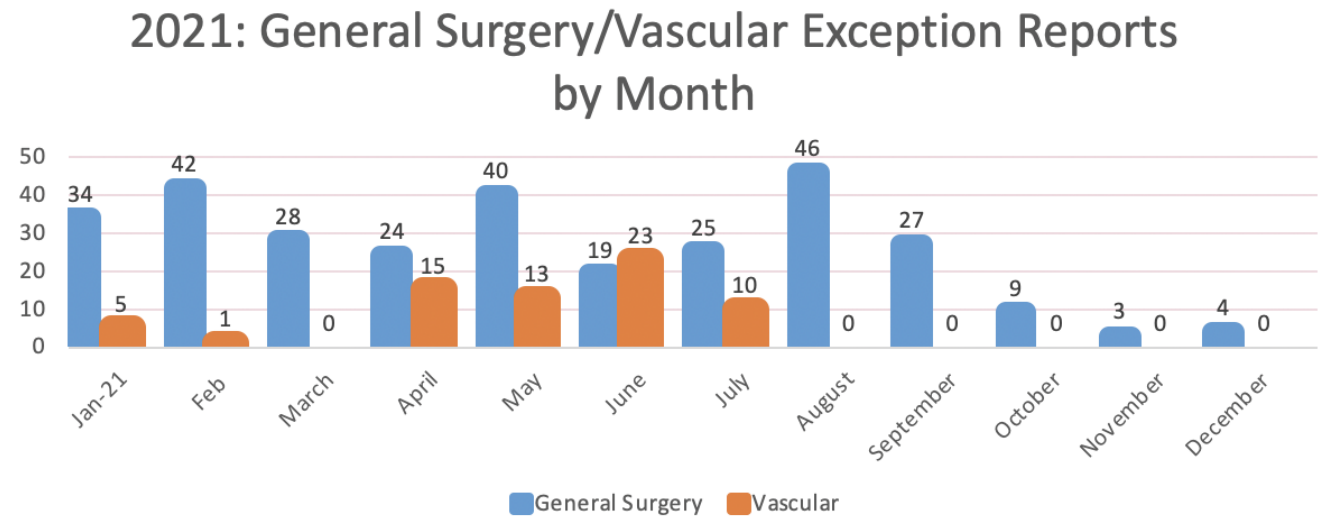


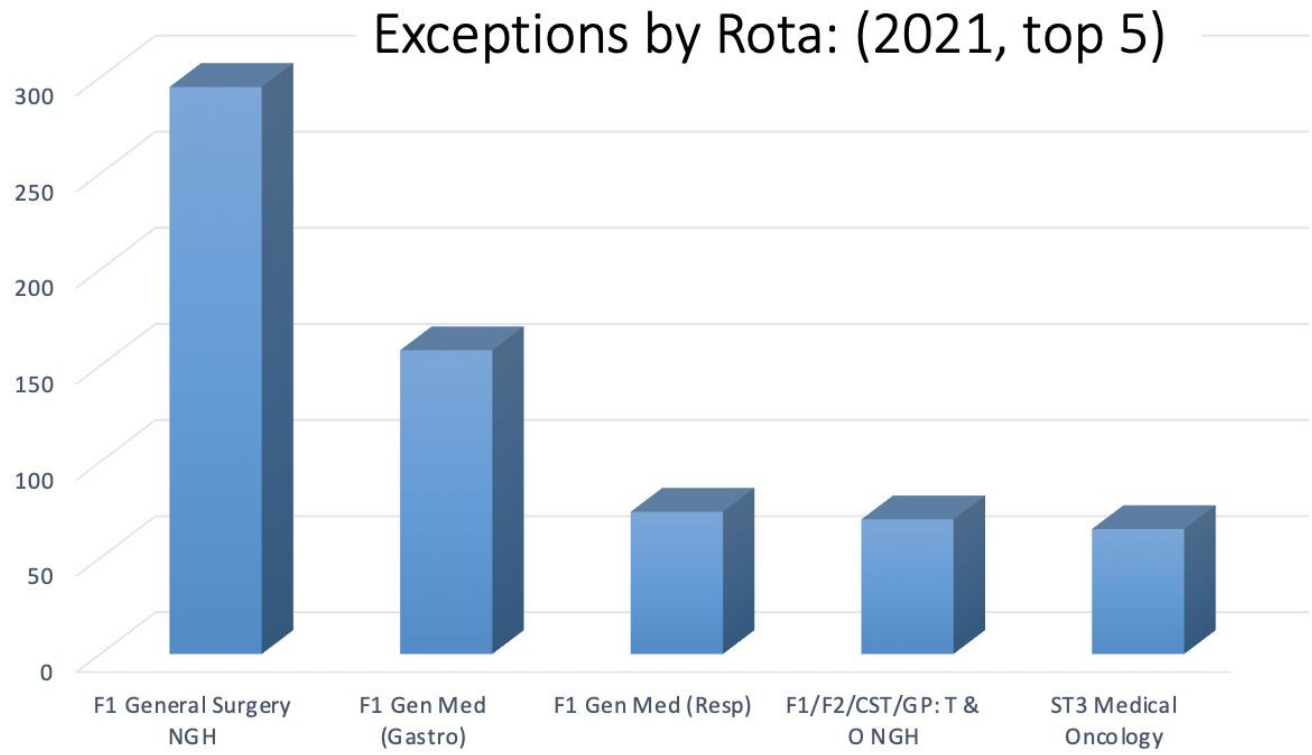
General Medicine and General Surgery rotas continue to have the highest levels of exception reporting. Despite some encouraging data from Q4 the exception data for general surgery is worrying and represents an increase on previous years, including pre-pandemic. This is despite additional foundation doctors who were deployed to general surgery, having been moved from vascular in August 2021 (will be discussed below). Guardian meetings with clinical directors in conjunction with the medical director’s office are continuing. Strategies used by other surgical (urology and orthopaedics) and non-surgical specialities have been shared, such as board rounds, senior trainee ward presence and team-based working.

Trauma and Orthopaedics at NGH, after several years of not being in the top reporting specialities is now in the top 5, and also has significant breach fines which are detailed later. Oncology is back in the top 5 with significant late finishes. It has been reported that significant senior vacancies (including consultant) are driving the pressures. Neurology continues to be in the top 5 with significant numbers of reports and guardian breach fines.

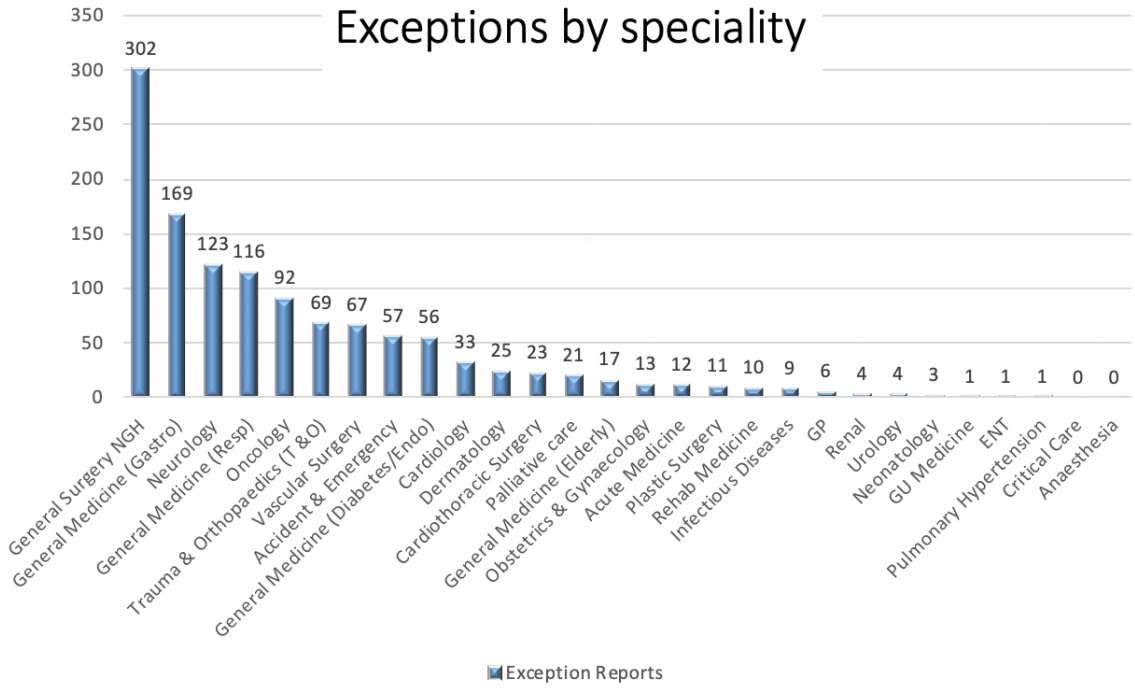
Increased levels of reporting in these specialities should raise concerns and enable problem areas to be identified and improvements sought. Care of the elderly and Urology continue to be directorates where changes made have had a positive impact on exception reporting.

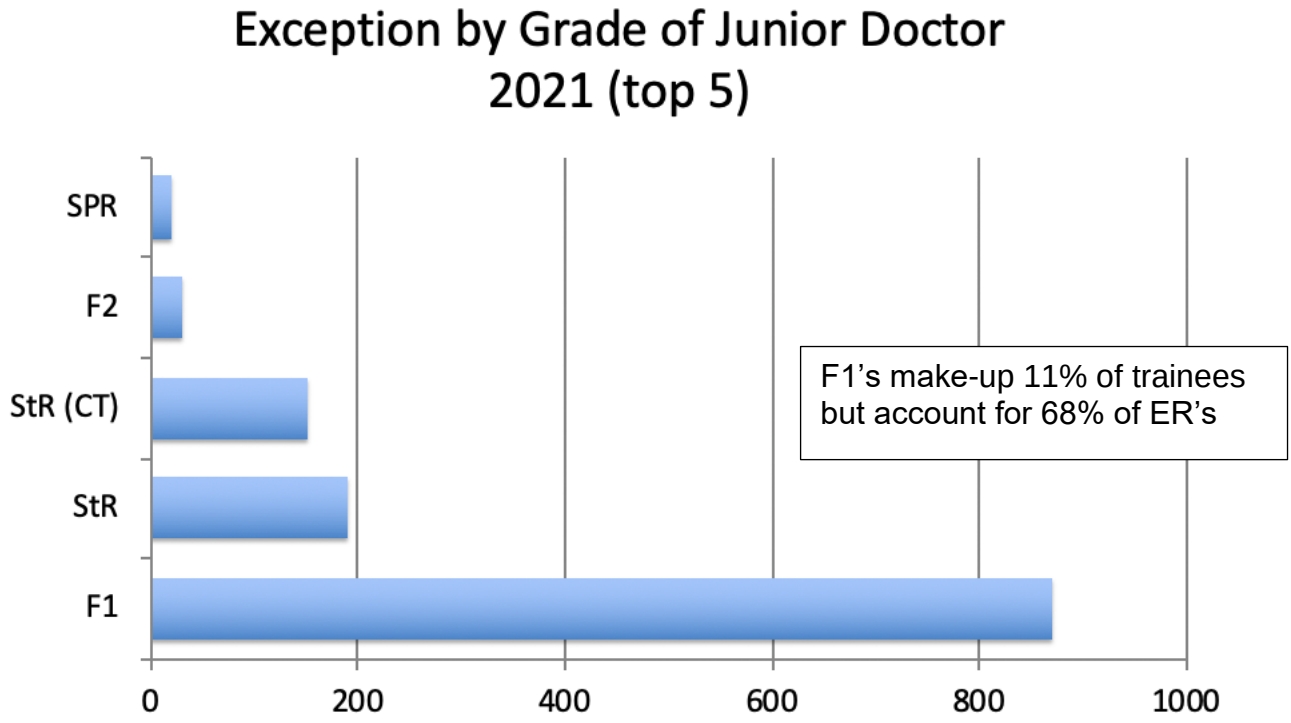






Foundation rotas within general surgery and medicine continue to have the highest rates of exceptions, and F1 in surgery continues to be the greatest area of concern. General medicine rotas for Foundation 1 continue to see high levels of reporting, particularly in Gastroenterology, Respiratory Medicine and Diabetes and Endocrine. Trauma & Orthopaedics and medical oncology are within the top 5. Care of the elderly and acute medicine continue with relatively lower levels of exception reports despite very high acuity. It is recognised that many specialities experienced significant Covid related work pressures especially during Q1 and it is reassuring that critical care and anaesthesia, infectious disease and renal have virtually no reports. Neonatology which has had an ongoing work schedule review for several reports (see later) reassuringly has only 3 reports.

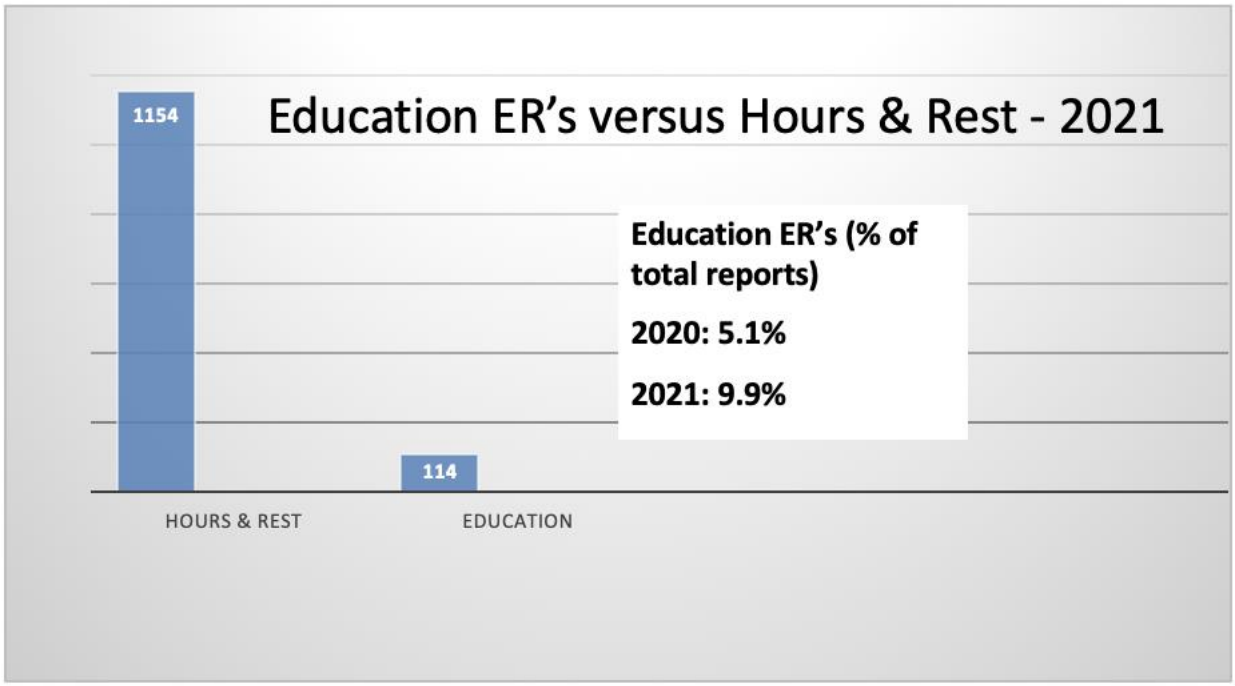




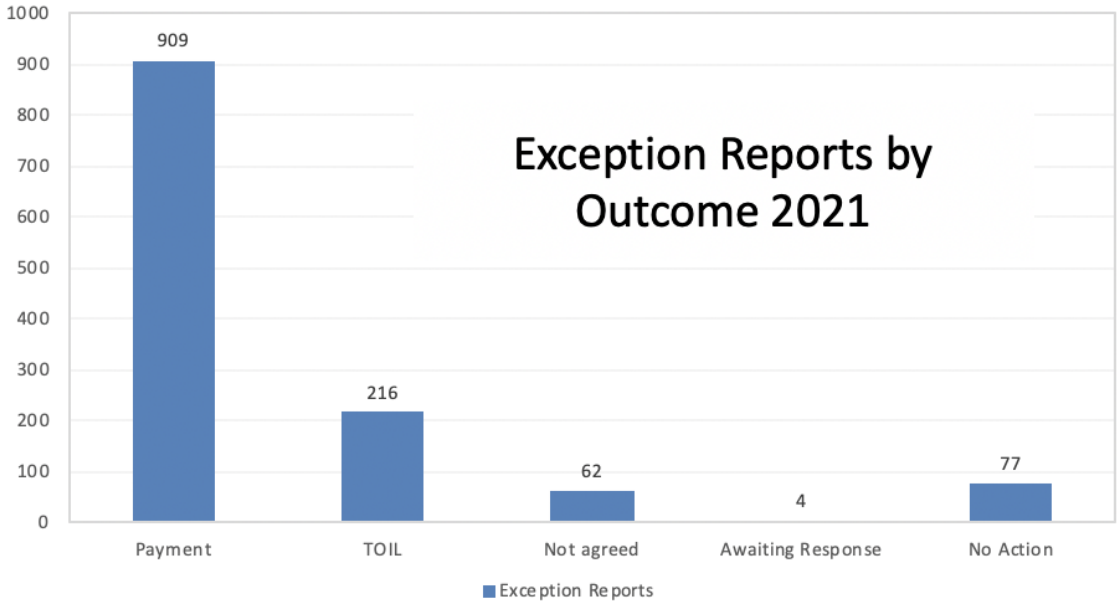
Consistent with previous reports Foundation year 1 doctors are disproportionately high reporters which needs to be addressed. 68% of ER's is the same value as last year. Despite being highlighted in previous reports, the proportion of the total represented by F1's requires urgent attention. The deanery has removed trainees from other trusts and quality visits and surveys have highlighted concerns. GoSW reports are sent to HEE, and exception data is often requested as a barometer in areas of concern. The significant reduction of reporting in F2 is stark, and whilst this would suggest increased resilience and efficiency of doctors as they progress through training, this should not be used as mitigation for the worrying number of F1 reports.

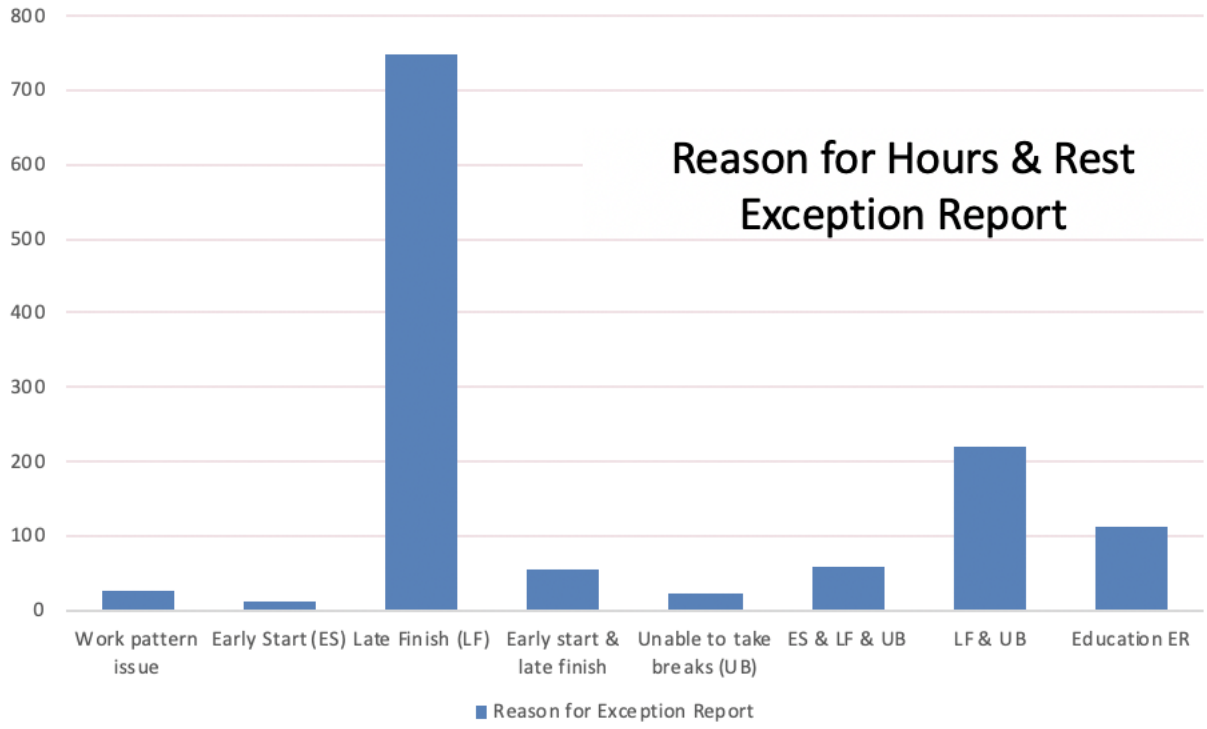
Previous specialities with high Foundation Year 1 reporting have been successful in significantly reducing reporting rates and improving educational experience, with consistent feedback of improvement from trainees. Urology and Care of the Elderly in particular, have had consistent and sustained improvements. Other directorates should focus on these examples of good practice. ENT, GP and Pulmonary Hypertension have very few ER's. Initiatives such as more focussed medical school assistantship, thorough inductions, more senior ward presence and the planned foundation mentoring and buddying programmes should all help target F1 support. The efforts made by all areas to help support this group of trainees are recognised by the trainees and education teams, but clear directorate and speciality plans are needed in areas where levels of reporting remain worryingly high.

There remain consistent delays in exception reports being processed by clinical supervisors, especially at F1 level but there is improved engagement in the process by supervisors and the proportion of reports being addressed by supervisors (as opposed to being closed by the guardian team) is better. Targeted emailing by the guardian team will continue to help address queries and promote timely completion. Lower levels of exception reporting amongst more senior trainees are reassuring, but it is imperative that awareness of exception reporting mechanisms for both hours and education are known and clear. It is important to note that planned IT systems improvements are likely to make exception reporting easier to facilitate, complete, review and monitor.



There has been a significant rise in the number and proportion (nearly doubled) of educational exception reports submitted by trainees. I considered last year and looking at prior reports, that this was a very significantly underreported area. Drives by the PGME and education teams, as well as through trust and departmental inductions, to promote reporting has been effective and likely responsible for this increase rather than a significant increase in missed educational opportunities. The education exceptions are fed back to the DME team. Of note the reports do not seem to reflect a significant issue with SDT time for foundation and other trainees (as reported in some centres) and the trust and directorates have been largely very supportive of this requirement. 99.7% of ER's for 2021 have been closed, no action is largely for educational reports where no additional hours and rest issue is raised. Not agreed concerns largely ER's where there have been duplicates, errors or the supervisor does not agree with the ER and hence rejects.

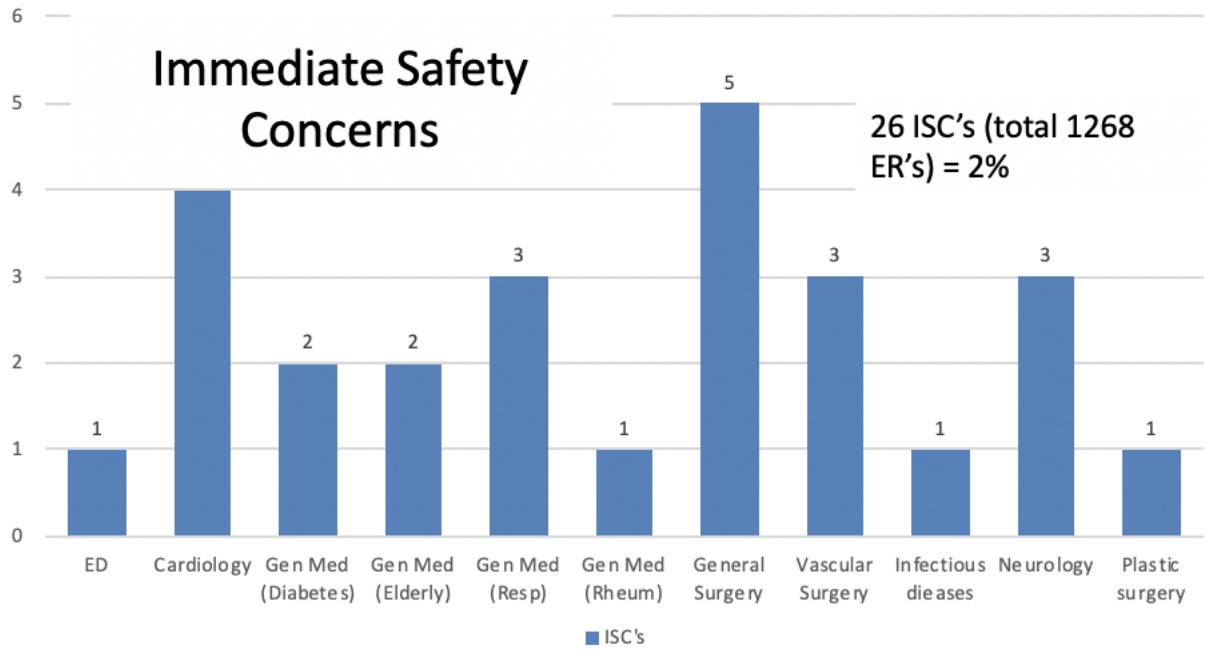




In the 2018 annual GoSW report when reason for ER was last detailed late finish was the predominant primary reason, with unable to take breaks second, that remains the case. Trainees report also not taking breaks to try and finish on time. 81% of ER's mention late finish and for 60% it is the sole reason given. Promotion of senior end of day reviews and 'board' rounds have reduced late finishes with success in several areas. It is encouraging that early start is less prominent, there has been considerable work by management teams in surgical specialities to ensure trainees are not being asked to come in early for ward rounds when not on duty. This needs to continue to be emphasised.

Most exception reports at STH are closed for payment (72%). TOIL at 17% is lower than that reported in other trusts. Canvasing opinion, trainees would be keen to utilise TOIL If possible (and in some specialties like palliative medicine it is the predominant method), but trainees report concern over exacerbating shortages and directorates approving payment in preference. Of note, many senior trainees describe utilising TOIL as informal payback for hours worked extra during quiet periods and not submitting ER's. This was discussed at the regional GoSW meeting and the consensus was this may be a mature and reasonable path in the short term, but if recurrent they should ER.

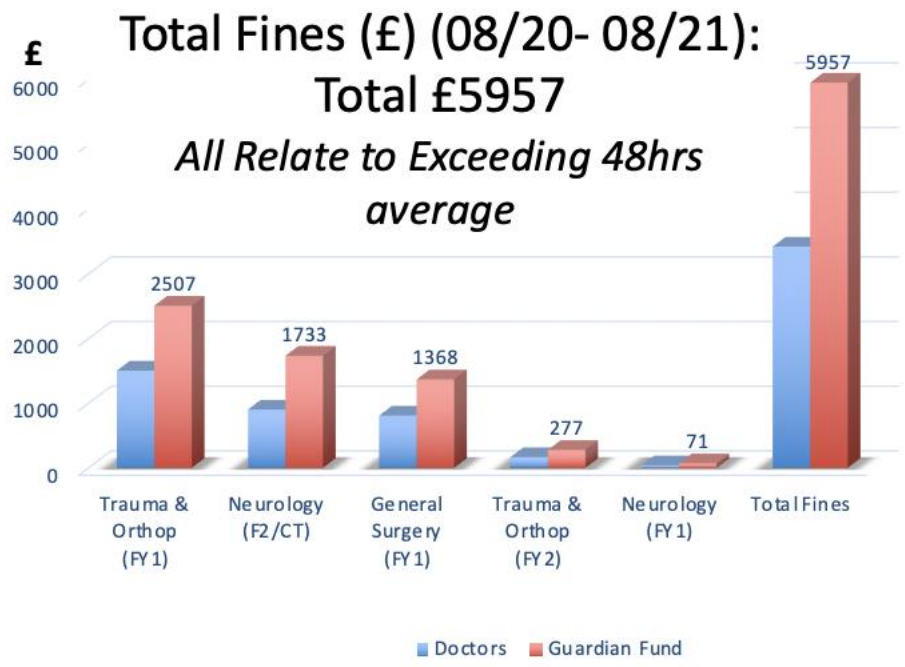
Immediate Safety Concerns (ISC reports)
ISC's (immediate safety concerns) make up 2% of ER's submitted. Two were removed as inaccurate and the rest have arisen where there is felt to be sub-optimal staffing, and correlate with ward staffing numbers provided by the Royal College of Physicians. ISC's are screened regularly by the guardian team. ISC's in cardiology have related to one doctor having to carry both bleeps. Given the volume of overall reports in Neurology and General Surgery, ongoing monitoring is needed.

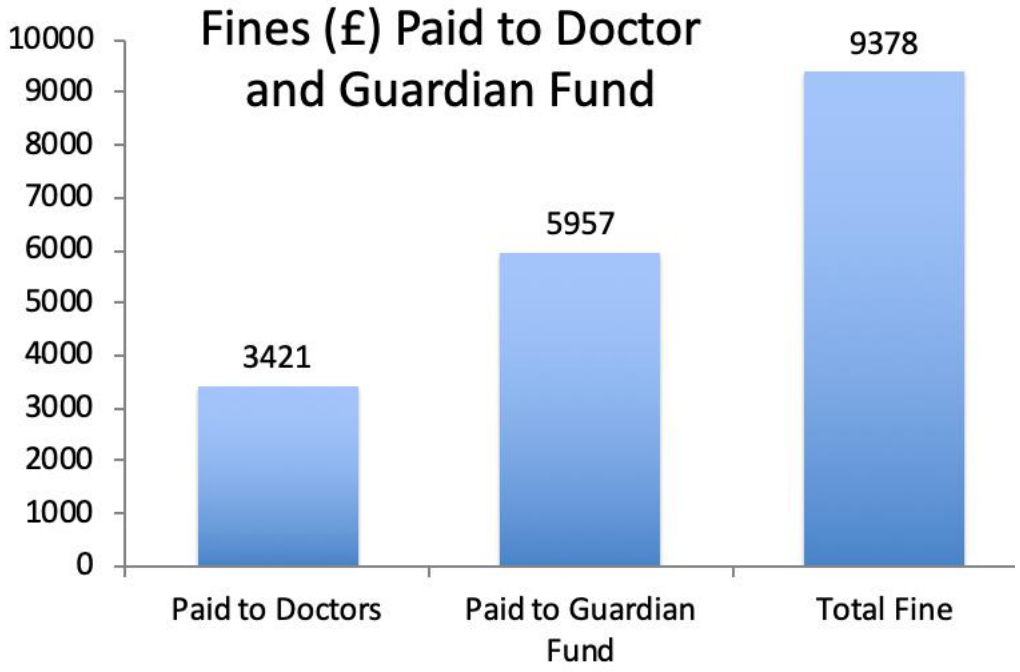


Of note, there were ISC's in vascular surgery in 2021. This was linked to HEE and educational and wellbeing concerns within the vascular F1 placements. Working groups with targeted action plans were set up by the medical director's office and DME, and are supported by the GoSW including sharing of practice from directorates with low ER's. Despite plans for support and monitoring the level of concerns was such that there was a DME intervention supported by the GoSW and a recommendation to remove the vascular F1's for the August 2021 intake supported by HEE. The doctors were transferred to general surgery at NGH. An additional vascular tier of clinical fellows was approved and appointed to maintain service delivery and patient and staff safety. There are regular meetings led by DMD and DME teams with GoSW support to monitor progress prior to consideration of redeployment of the vascular F1's. At present these doctors remain as additional F1's within general surgery, which may correlate with the fall in general surgical ER's seen in Q3/Q4 of 2021.

Fines levied on directorates & Guardian Fund:

Fines are of particular significance. They are levied according to strict criteria that relate to excessive working hours and potential for fatigue. Neurosurgery was identified in previous reports as being responsible for the majority of fines. Since the work schedule change, there have been no neurosurgery fines for the period 08/20-08/21. Apart from one CT doctor fine, all other fines relate to foundation doctors within Trauma & Orthopaedics, Neurology and General Surgery. There were 92 guardian fines relating to 17 doctors. All fines levied within the Trust related to a breach of exceeding the 48 Hours ruling. There were 3, 72-hr limit in 7 days exceptions in late 2021 but the fine data is not yet avaiable and reflects the slow processing time to reach the guardian fund.


Total Fines (£) (08/20- 08/21):
Total £5957
All Relate to Exceeding 48hrs average
£
6000
5000
4000
3000
2000
1000
0
2507
1733
1368
277
71
5957
Trauma & Orthop (FY1)
Neurology (F2/CT)
General Surgery (FY1)
Trauma & Orthop (FY2)
Neurology (FY1)
Total Fines
Doctors
Guardian Fund


Fines (£) Paid to Doctor and Guardian Fund
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
3421
5957
9378
Paid to Doctors
Paid to Guardian Fund
Total Fine

Guardian Fund – current (31/12/21)

• 2020 report total	£73,636
– Mess improvements Jessops	£ 10,629
– Web hosting fees	£ 26
• Funds carried over to 2021*	£66,894
• Fines Outstanding 2020 - 08/21	£7258
– Invoices: (Website)	£1554
• **Current Balance**	**£72,598****
• JDF spending proposal:	£ 22,000

*Includes additional fine monies not available at 2020 report.
** pending remaining 2021 (sine 08/21) fines + expenditure

- Fines take a significant time to be processed to reach the finance account and guardian fund, hence the figures reported will vary from the actual fund position.
- The current balance in the Guardian fund reflects income from fines and payments made to support the Trust Mess developments. The JDF continue to look to spend these funds as outlined in the 2016 Contract to improve the working environment for all junior doctors and dentists. Current projects being considered include mess improvements, website development, funding well-being training and a speciality specific proposal pot of £22,000 where each speciality will receive a proportion based on the size of the trainee cohort.
- One of the priorities for the JDF is to establish and propose ideas for utilisation of the fund monies. Barriers to spending described by JDF members include:
  1. Worries about spending money without universal agreement
  2. Confusion over what aspects (eg. mess improvements) would be funded by the trust and what should be paid using fund monies
  3. Shortages of proposals from JDF members

Gaps and Locum usage within Trust

	Total Trainee Number	Gaps (%)	Agency/Locum Usage (%)
Trainee Doctors/Dentists (includes below)	**958**	**6.5%**	**9 (1.07%)**
GP/Academic foundation	127	0	
Foundation 1	105	1	
Foundation 2	145	0 (4 gaps covered)	
Non-foundation trainees	466		
Honorary trainees **	115		

** Honorary trainees includes those trainees who are employed by others trusts eg: DRI/SCH/University but who work on STH trust premises

Doctors / dentists on 2016 TCS (total)	1080 (includes the above and in addition other junior doctors including clinical fellows/MTI's etc)

- Gaps within the organisation remain consistent at around 6.5%. This is a nationwide problem and is a significant impediment for those working on rotas and for those trying to organise rotas.
- Gaps are often responsible for late distribution of rotas and the failure to comply with working time regulations. There has been improvement in 2021 in the timeframe within which the work schedules for the IMT rotas are sent out
- The impact of the greater availability for trainees to consider LTFT is likely to have a significant effect on increasing gaps, higher levels of exception reporting and the need for the trust to employ greater numbers of additional staff such as clinical fellows and MTI doctors. The trust has a regular workforce meeting looking at this led by the DME and DMD offices.
- There is low usage of external locum agency staff to fill formal trainee vacancies at circa 1.07%
- Please see the appendix section for further detailed information of gaps and locum use and trainee numbers and distribution.

Work Schedule reviews

- Specific work schedule reviews for individual trainees based on exception reports and supervisor reviews
- Specific review of Vascular F1's at NGH: see separate section
- The following previously uncompliant rotas are now fully complaint with weekend frequency guidance.
  - Emergency medicine middle grade (full clinical fellow tier in place)
  - Neonatology senior and junior trainee rotas
- Formal work schedule reviews have been undertaken within the following specialties in 2021 with GoSW involvement and hours review
  - OMFS SpR - new rota. Further review planned for 2022
  - Neurology CT/ST - changes to ensure hours compliance
  - Orthopaedic foundation - changes to ensure sufficient rest between runs of shifts
  - Plastics SpR rota - monitoring exercise, OOH pressures, DMD office aware

- Cardiology - GoSW/HR review undertaken with clinical lead meeting in 2021 in relation to filling of LTFT / sickness gaps which was resolved
- Critical Care SpR rota - minority exceeding 1:3 weekend frequency, for review with change planned for August 2022. GoSW to monitor

Junior Doctors Forum (JDF)

As I was a new GoSW and there were multiple challenges around Covid -19 the JDF met monthly in the first half of 2021. The JDF now meets on "Teams" on a bi-monthly basis, with DMD, senior HR, DME, LNC and BMA presence. The junior chair was Dr. Jo Sutton-Klein and is now Dr. Daniel Mosby. There is an executive committee of 6 members with regular GoSW catch-ups outside of the formal meetings. The JDF is self-sufficient and has an independent voice. It is a constructive contributor to discussions on a wide range of issues within the trust involving junior doctors. It is a valuable asset and instrumental in improving communications between junior doctors and senior management, to make constructive and relevant contributions to rota issues and support the junior doctors working environment. There have been challenges in being a new guardian, during Covid-19 and delivering a new constitution, and I am very grateful to the JDF group and the trust for their ongoing support.

Summary of JDF: 2021 progress - see above section also with guardian fund

- Funding the refurbishment of a new doctor's mess in the Jessop wing.
- Formalisation of a new JDF constitution, LNC & Trust board members attending meetings
- Working to ensure that the emergency medicine & neonatology rotas are compliant.
- Actively widening the membership with active recruitment of JDF speciality reps for almost all speciality areas within the trust, helping to represent and promote speciality engagement.
- Continuing to meet during covid-19, highlighting and signposting Junior Drs to well-being and learning resources
- Good working relationships and communication with the Chief Registrar Dr. Maimoona Ali, and improving communication with juniors and trainees at the trust
- Maintaining and developing good links with the Deputy Medical Director, GOSW and Dr. Henry De-Boer (JDF rep) support the Junior Doctor Oversight Group (JDOG). - see below
- JDF website: working with IT towards an internally hosted JDF specific site
- Spending proposals include funding well-being training for JDF reps and a speciality specific blue sky project with funding made available to each directorate from the guardian fund

Junior Doctor Oversight Group JDOG:

- Led by DMD Dr. Rob Ghosh, and attended by Chief Registrar (Dr. Ali), Leadership fellow (Ursula Freeman), Organisational development (Jessica Fillingham) & HR support (Karrie Sutton), JDF reps (Drs. De Boer and Jessica Smith) and GoSW.
- Website established for new Drs coming to work in STH with good feedback. Separate to JDF website but planned liaison to avoid repetition
- Welcome tour and induction, GoSW presentation of exception process at trust induction
- Specific well-being committee established with leadership fellow. JDF planning to fund training for JDF reps to attend mentoring and well-being training courses and to set up 'bridging the gap' day for foundation Drs. Pyramidal well-being tools to demonstrate what is on offer at different levels based on trainee need, with aim of improving working life
- Peer Support programme and 1:1 buddying for Foundation doctors. JDOG and JDF involvement in induction including 'passing the baton' induction programme re-established

Other Guardian activity:

- Guardian induction material all updated and re-written, presented at trust induction and available on Palms
- Written to all trainees and supervisors to remind of exception process
- Presented to and attended HEE educational quality visit and meeting with CQC inspection team (Nov 21)
- Improved access to parking for out of hours (OOH) cross-site non-resident trainees e.g. plastics: trainee & BMA concerns
    - Facilities team director meetings >> solution for OOH only (UG car park permits)
    - RHH/SCH remain problem for many MDT groups in hours, LNC consulted

- Prioritised rates at Q park
- Working with GoSW at SCH, facilities team and feedback to BMA on behalf of trainees

Principal Guardian Issues arising

1) Covid 19 - is continuing to have a significant impact on all staff in the Trust, and it is important to work closely with our junior workforce. Fatigue, well-being concerns and workload and clinical pressures (especially non-Covid) remain high despite the cases of covid-19 being much lower.

2) Guardian Fines - The significant reduction in fines in the last 24 months (primarily with the neurosurgical rotas changing) is reassuring. Concerns over fines in Surgery, Trauma & Orthopedics (T&O) and Neurology especially at foundation needs close observation.

3) Work Schedule reviews - There have been multiple work schedule reviews in 2021 with the emergency medicine and neonatology trainee rotas (junior & senior) now compliant. Ongoing reviews in Critical Care (minority slots exceed weekend frequency), OMFS and plastics.

4) Exception reporting - persistently high level of exception reporting from Foundation Year 1 doctors across the trust, especially within general surgical and general medicine directorates. This is not improving and is concerning. Neurology and Oncology have also seen significant levels of reporting and T & O is now back in the top 5. Levels are back at pre-Covid numbers.

5) Delays in processing of exception reports - The mainstay of dealing with exceptions is the interaction between the junior doctor and their clinical supervisor, and there is a need to focus on this to reduce our exception reporting. This should include more effective identification of supervisors by directorates, and timely processing of exceptions.

6) Anticipated increase in exception reports: I anticipate a rise in ER's to be likely. Better awareness and promotion of the process, supervisors as consultants who are more cogniscent of reporting, easier completion with IT improvements, the potential for more vacancies and rota gaps with higher numbers of trainees taking up LTFT training, and to the physical and mental well-being challenges peri-Covid.

Actions taken to resolve issues

1) Covid-19: Extensive wellbeing resources provided by the Trust. The junior doctors' oversight group (JDOG) well-being group working to support junior doctors. Goals include making trainees feel connected by creating a healthy place to work & thrive, creating a great training experience and building engagement.
2) Guardian Fines - The fines data are outstanding for Aug – December 2021, but will hopefully continue to show a significant reduction, with neurosurgery now being complaint. We will continue to observe and remain vigilant. In relation to spending from the significant guardian fund budget, the blue sky speciality specific proposal is innovative and exciting
3) Work Schedule reviews – Non-compliant rotas identified in 2020 report are now compliant.
4) Exception reporting - further meetings planned with high-reporting directorates to feedback persistent and concerning high levels of exception reports. Ongoing liaison with directorates and MD office.
5) Delays in processing of exception reports - Progress in this area in liaison with foundation PGME team improving supervisor identification, GoSW writing to supervisors to 'chase' late reports to help with difficulties and to lead to behaviour change and promote culture of timely completion and actioning. 99.7% of ER's for 2021 completed. Greater number being completed by supervisors rather than GoSW team which will promote review of work schedules, identification of patterns and informed data. Potential rota management tools on new platforms being considered, should help make submitting, processing, chasing, analysing and presenting exception data for all users easier. There should also then be easier and advance notification of gaps and subsequent filling of vacancies.
6) The likely need for the trust to employ additional staff such as clinical fellows and MTI doctors.

Questions for consideration - broadly the same as the 2020 report

- The introduction of feedback by junior doctors on their supervisors to identify high quality and effective supervision, and to feed this back for appraisal processes would be worth considering. The trust has an app that makes feedback relatively straightforward to collect (Healthcare Supervision Logbook).

- Directorate reviews to consider including exception status and levels.
- Assurance to be sought from directorates with persistently high levels of exception reporting across previous guardian reports that issues are being resolved. If assurances cannot be given that issues are being (or cannot be) tackled, then there may need to consideration of what escalation (initially internally) might be recommended in order to mitigate fatigue and ensure safe working hours are not compromised in these areas.

Summary

- There is still work to do with high levels of exception reporting, especially with Foundation Y1 Drs.
- STH is a great place to work and has fantastic resources and colleagues, especially its junior staff. We cannot be complacent where terms and conditions are not being effectively met.
- We are a high reporting institution which is reflective of a thorough and utilised process of effective reporting with good awareness and engagement by trainees.
- Significant efforts have been made and are being made by all to support junior doctors and dentists at this difficult time

If we can make trainees feel more valued and engaged, the patients and organization benefit from a positive, fresh, dynamic and retained workforce and the highest quality standards. Ensuring safeguarding of terms and conditions is the keystone to this.

Appendix:

Very Low rates of ER

Junior doctors in Trainee slots	
Area Of Work	**Percentage of total**
Anaesthetics	8.27%
Clinical Radiology	6.28%
Accident and Emergency	5.56%
Elderly Care Medicine	5.42%
Obstetrics and Gynaecology	4.99%
Respiratory Medicine	4.56%
General Surgery	4.42%
Trauma and Orthopaedic Surgery	4.28%
Cardiology	3.71%
Endocrinology and Diabetes Mellitus	3.71%
Gastroenterology	3.28%
Neurology	3.14%
Intensive Care Medicine	3.00%
Renal Medicine	2.71%
Clinical Oncology	2.57%
General Practice	2.57%
Infectious Diseases	2.28%
Medical Oncology	2.00%
Urology	2.00%
Oral and Maxillofacial Surgery	1.85%
Acute Medicine	1.71%
Clinical Haematology	1.71%
Palliative Medicine	1.71%
Histopathology	1.57%
Plastic Surgery	1.43%
Dermatology	1.28%
Neurosurgery	1.14%
Cardio-thoracic Surgery	1.00%
Rehabilitation	1.00%
Restorative Dentistry	1.00%
Medical Microbiology	0.86%
Acute Internal Medicine	0.57%
Community Health Services	0.57%

High NCG

Trust Clinical Fellows in non-training slots	
Area Of Work	**Percentage of total**
Accident and Emergency	16.06%
Anaesthetics	12.41%
Trauma and Orthopaedic Surgery	9.49%
Neurosurgery	7.30%
Infectious Diseases	5.11%
Respiratory Medicine	5.11%
Gastroenterology	4.38%
Elderly Care Medicine	3.65%
General Surgery	3.65%
Ophthalmology	3.65%
Plastic Surgery	3.65%
Acute Internal Medicine	2.92%
Acute Medicine	2.19%
Neurology	2.19%
Otolaryngology	2.19%
Clinical Haematology	1.46%
Endocrinology and Diabetes Mellitus	1.46%
Neonatal Intensive Care	1.46%
Paediatric Neonatal Medicine	1.46%
Palliative Medicine	1.46%
Cardiology	0.73%
Clinical Oncology	0.73%
Corporate	0.73%
Dermatology	0.73%
Genito-Urinary Medicine	0.73%
Medical Oncology	0.73%
Obstetrics and Gynaecology	0.73%
Rehabilitation	0.73%
Reproductive Science	0.73%
Rheumatology	0.73%
Stroke	0.73%
Vascular Surgery	0.73%
Grand Total	**100.00%**

Additional data on Rota Gaps and Cover

Row Labels	Sum of Hours	Number of shifts
A&E	1564.9	166
Acute Medicine	606.55	66
Anaesthetics	1543.9	165
Cardiology	347.45	35
Cardiothoracic	475	37
Care of Elderly	105	13
Comm. Diseases	357.75	42
Critical Care	25	2
Diabetes&Endo	167.75	16
ENT	204	15
Gastroenterology	239.5	45
Medicine	54.7	9
Neuroservices	1093.5	99
O&G	254.5	30
OMFS	40.75	4
Oncology	385	48
Ophthalmology	623	60
Orthopaedics	1104.5	106
Paediatrics	977	108
Palliative	896.5	55
Plastic Surgery	568	59
Radiology	4	1
Renal	381.125	25
Respiratory Med	208.25	18
Rheumatology	160	25
Specialised Med	1485.95	136
Spinal Injuries	497	33
Surgery	820.5	79
Urology	1031.5	103
Vascular	368.5	54
Grand Total	**16591.075**	**1654**

LOCUM HOURS/SHIFTS WORKED IN CALENDAR YEAR 2021 PER SPECIALTY- ALL JUNIOR GRADES- ROTA GAPS & VACANCIES:

Vacancy breakdown per directorate 27th October 2021

Directorate	Grade	Establish-ment	Vacancy	Directorate	Grade	Establish-ment	Vacancy
Emergency medicine	SpR (ST3+) Core (ST1-2) Foundation	24 11 15	0 0 0	ENT	SpR (ST3+) Core (ST1-2) Foundation	5 1 2	0 0 0
General/ Acute Med	SpR (ST3+) Core (ST1-2) Foundation	3 7 4	1 0 0	Ophthalmology	SpR (ST3+) Core (ST1-2) Foundation	13 2 Nil	0 0 0
Diabetes / Endocrine	SpR (ST3+) Core (ST1-2) Foundation	7 9 10	1.5 0 0	Obstetrics & Gynaecology	SpR (ST3+) Core (ST1-2) Foundation	23 17 5	4 1 0
Gastroenterolgy	SpR (ST3+) Core (ST1-2) Foundation	14 8 7	2 1 0	Clinical Haematology	SpR (ST3+) Core (ST1-2) Foundation	12 5 2	0 1 0
Respiratory Medicine	SpR (ST3+) Core (ST1-2) Foundation	12 18 12	1 0 0	Communicable Diseases & Specialised Medicine	SpR (ST3+) Core (ST1-2) Foundation	15 9 4	0 0 0
Geriatric / Stroke Medicine	SpR (ST3+) Core (ST1-2) Foundation	14 21 17	0 1 0	Oncology	SpR (ST3+) Core (ST1-2) Foundation	16 7 3	1 2 0
Palliative Medicine	SpR (ST3+) Core (ST1-2) Foundation	9 3 2	2 0 0	Rehabilitation	SpR (ST3+) Core (ST1-2) Foundation	4 2 2	1 0 0
Neurology	SpR (ST3+) Core (ST1-2) Foundation	18 7 3	2 0 0	MSK / Orthopaedics	SpR (ST3+) Core (ST1-2) Foundation	25 11 16	1 0 0
OMFS & Oral Surgery	SpR (ST3+) Core (ST1-2) Foundation	7 10 Nil	0.4 0 0	General Surgery	SpR (ST3+) Core (ST1-2) Foundation	16 9 25	0 0 0
Renal Medicine	SpR (ST3+) Core (ST1-2) Foundation	12 6 2	3 0 0	Plastic Surgery	SpR (ST3+) Core (ST1-2) Foundation	8 6 3	0 0 0
Anaesthesia & Critical Care	SpR (ST3+) Core (ST1-2) Foundation	58 16 5	0 0 0	Urology	SpR (ST3+) Core (ST1-2) Foundation	6 3 5	1 0 0
Vascular	SpR (ST3+) Core (ST1-2) Foundation	3 4 4	0 4 0 **	Cardiology	SpR (ST3+) Core (ST1-2) Foundation	10 11 6	1 0 0
Neurosurgery	SpR (ST3+) Core (ST1-2) Foundation	20 2 1	1 0 0	Cardiothoracic	SpR (ST3+) Core (ST1-2) Foundation	10 2 3	1 0 0