**QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS AND DENTISTS IN TRAINING (LEAD EMPLOYER SAMPLE TEMPLATE)**

**Executive summary**

*A few paragraphs on the key points of the paper that you want the board to note, including any areas of risk and any decisions that you would like the board to take.*

**Introduction**

*A short preamble to the main body of the paper, setting out the purpose of the report with reference to the requirements of the TCS. Note that the executive summaries of the other host employers who have their own guardian are included as appendices and that the detailed data below relates only to doctors directly overseen by the LET guardian.*

**High level data for [Lead Employer Trust]**

Number of doctors / dentists in training (total): XXX

Number of doctors / dentists in training on 2016 TCS (total): XXX

Amount of time available in job plan for guardian to do the role: X PAs / y hours per week

Admin support provided to the guardian (if any): XX WTE

Amount of job-planned time for educational supervisors: 0.XX PAs per trainee

1. **Exception reports (with regard to working hours)**

*This section should include raw aggregated data, broken down by specialty, grade and rota, including trainees who do not work within the trust but who are directly overseen by the LET guardian (e.g. GP trainees). Where an employer has a large number of doctors in training, it may be more appropriate to include total figures by grade and then detail on a small number (no more than 10) of specialties and/or rotas that give the most reason for concern (eg those with large numbers of exceptions reported). In such cases, the full data set should be included at the end of the paper as an appendix. There should additionally be an aggregated table of all reports indicating the timeframes within which they have been addressed or otherwise responded to. Where reports have not been addressed in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below – should set out the areas where this happened and what has been done to address this.*

For example:

|  |
| --- |
| Exception reports by department |
| Specialty | No. exceptions carried over from last report | No. exceptions raised | No. exceptions closed | No. exceptions outstanding |
| A&E | 0 | 4 | 4 | 0 |
| Acute Medicine | 0 | 7 | 7 | 0 |
| Cardiology | 1 | 2 | 3 | 0 |
| Total | 1 | 13 | 14 | 0 |

|  |
| --- |
| Exception reports by grade |
| Specialty | No. exceptions carried over from last report | No. exceptions raised | No. exceptions closed | No. exceptions outstanding |
| F1 | 1 | 2 | 3 | 0 |
| F2 | 0 | 10 | 10 | 0 |
| CT1-2 / ST1-2 | 0 | 1 | 1 | 0 |
| Total | 1 | 13 | 14 | 0 |

|  |
| --- |
| Exception reports by rota |
| Specialty | No. exceptions carried over from last report | No. exceptions raised | No. exceptions closed | No. exceptions outstanding |
| A&E | 0 | 4 | 4 | 0 |
| Acute Medicine | 0 | 7 | 7 | 0 |
| Cardiology | 1 | 2 | 3 | 0 |
| Total | 1 | 13 | 14 | 0 |

|  |
| --- |
| Exception reports (response time) |
|  | Addressed within 48 hours  | Addressed within 7 days | Addressed in longer than 7 days | Still open |
| F1 | 0 | 2 | 1 | 0 |
| F2 | 0 | 8 | 2 | 0 |
| CT1-2 / ST1-2 | 0 | 1 | 0 | 0 |
| ST3-8 | 0 | 0 | 0 | 0 |
| Total | 0 | 11 | 3 | 0 |

*Note: Any employer who still has doctors on the old 2002 contract (almost all employers until October 2017 and lead employers (and associated host organisations) for some time after this) will additionally need to include information on hours monitoring / diary card exercises to ensure that assurance can be given for all doctors in training, not only those on the new TCS. Note that GP trainees on the old terms, academic trainees, and MOD trainees, are not on the 2002 or 2016 contract so Guardians with a role in overseeing these trainees will need to report on issues raised directly with them by the trainees or supervisors.*

For example:

|  |
| --- |
| Hours monitoring exercises (for doctors on 2002 TCS only) |
| Specialty | Grade | Rostered hours | Monitored hours | Banding | WTR compliant (Y/N) |
| Rheumatology | ST3+ | 45.25 | 46.5 | 1B | Y |
| Dermatology | ST3+ | 42.5 | 41 | 1B | Y |
| Neurosurgery | ST3+ | 47.75 | n/a\* | 1A | Y\*\* |

\* The response rate to this exercise was below 75% so no statistically valid figures are available.

\*\* The response rate to this exercise was below 75% but no issues with shift lengths or breaks were reported and the rota has historically been compliant

[Where appropriate: Any other issues raised by trainees on other contractual arrangements]

1. **Work schedule reviews**

*This section should include raw aggregated data on the number of work schedules reviewed in the past quarter as a result of exception reporting, broken down by specialty, grade and rota. This could be broken down by grade only, or if there were a concentration in a small number of departments (likely) then also split by department. As with exception reports, where work schedule reviews have not been carried out in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below – should set out the areas where this happened and what has been done to address this. The narrative should also indicate whether any reviews went to a higher (level 2, level 3) stage (this should be very few). Any open appeals (currently at level 2 or 3) with regard to work schedule reviews should also be noted in this section.*

For example:

|  |
| --- |
| Work schedule reviews by grade |
| F1 | 5 |
| F2 | 1 |
| CT1-2 / ST1-2 | 1 |
| ST3+ | 0 |

|  |
| --- |
| Work schedule reviews by department |
| Acute medicine | 4 |
| General surgery | 2 |
| Radiology | 1 |

1. **Locum bookings**
2. **Bank**

*This section should start by presenting a cost summation (in cash terms) of bank usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. This section should then list, in aggregated fashion, all the locum work requested and worked via the bank during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.*

For example:

|  |
| --- |
| Locum bookings (bank) by department |
| Specialty | Number of shifts requested | Number of shifts worked | Number of shifts given to agency | Number of hours requested | Number of hours worked |
| A&E | 15 | 4 | 11 | 150 | 40 |
| Acute Medicine | 1 | 1 | 0 | 13 | 13 |
| Radiology | 4 | 4 | 0 | 32 | 32 |
| Total | 20 | 9 | 11 | 195 | 85 |

|  |
| --- |
| Locum bookings (bank) by grade |
| Specialty | Number of shifts requested | Number of shifts worked | Number of shifts given to agency | Number of hours requested | Number of hours worked |
| CT1-2 | 19 | 8 | 11 | 182 | 72 |
| F1 | 1 | 1 | 0 | 13 | 13 |
| Total | 20 | 9 | 11 | 195 | 85 |

|  |
| --- |
| Locum bookings (bank) by reason\* |
| Specialty | Number of shifts requested | Number of shifts worked | Number of shifts given to agency | Number of hours requested | Number of hours worked |
| Vacancy | 14 | 4 | 10 | 140 | 40 |
| Sickness | 2 | 1 | 1 | 23 | 13 |
| Increase in workload | 4 | 4 | 0 | 32 | 32 |
| Total | 20 | 9 | 11 | 195 | 85 |

 *\* It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting “last minute” bookings for any reason other than short term sickness.*

1. **Agency**

*This section should start by presenting a cost summation (in cash terms) of agency usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. It may also be sensible to highlight areas where the agency capped rates have been breached.*

*This section should then list, in aggregated fashion, all the locum work requested and worked via an agency during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.*

For example:

|  |
| --- |
| Locum bookings (agency) by department |
| Specialty | Number of shifts requested | Number of shifts worked | Number of hours requested | Number of hours worked\* |
| A&E | 11 | 11 | 110 | 110 |
| General surgery | 5 | 4 | 65 | 52 |
| Total | 16 | 15 | 175 | 162 |

 *\*It might also be useful to include a narrative explaining how the work left uncovered by unfilled requests was delivered. For example: Were clinics cancelled? Were teams left to cope with fewer staff? Did consultants pick up the slack? Did non-resident on-call staff have to come in and so breach rest requirements?*

|  |
| --- |
| Locum bookings (agency) by grade |
| Specialty | Number of shifts requested | Number of shifts worked | Number of hours requested | Number of hours worked |
| CT1-2 | 11 | 11 | 110 | 110 |
| ST3-8 | 5 | 4 | 65 | 52 |
| Total | 16 | 15 | 175 | 162 |

|  |
| --- |
| Locum bookings (agency) by reason\*\* |
| Specialty | Number of shifts requested | Number of shifts worked | Number of hours requested | Number of hours worked |
| Vacancy | 10 | 10 | 100 | 100 |
| Sickness | 6 | 5 | 75 | 62 |
| Total | 16 | 15 | 175 | 162 |

 *\*\*It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting “last minute” bookings for any reason other than short term sickness.*

1. **Locum work carried out by trainees**

*This section should identify, in an anonymised fashion (perhaps referencing specialty and grade), doctors who have been carrying out work as a locum for the trust via the staff bank (as per the TCS), outside of the contract of employment (via an agency) or for another NHS rganization (via another staff bank, again, as per the TCS). This should be aggregated in a similar fashion to the locum usage above, aggregating the number of shifts worked, the total hours worked, and the overall total hours worked once contracted hours have been considered.*

*Once again, if there are a large number of trainees undertaking such work, it may be appropriate only to list here the trainee(s) whose patterns of work might give cause for concern (i.e. those working the most hours)*

For example:

|  |
| --- |
| Locum work by trainee |
| Specialty | Grade | Number of shifts worked | Number of hours worked | Number of hours rostered per week | Actual hours worked per week | Opted out of WTR? |
| A&E | CT2 | 2 | 20 | 44.75 | 46.25 | Y |
| A&E | CT2 | 2 | 20 | 44.75 | 46.25 | N |
| Acute medicine | F1 | 1 | 13 | 47.5 | 48.5 | Y |
| Radiology | ST1 | 4 | 32 | 40 | 43 | N |
| Cardiology | ST5 | 2 | 26 | 45.5 | 47.5 | Y |
| General surgery | ST6 | 6 | 78 | 46.5 | 52.5 | Y |
| Total |  | 17 | 189 |  |  |  |

*Note: In the above example, two trainees have breached the 48-hour limit; however, both have opted out of the working time regulations (WTR) and are therefore not in breach of contract, whether they are working safely or not would depend upon the pattern of their work.*

1. **Vacancies**

*This section should list all vacancies among the medical training grades (including trust doctors) during the previous quarter. These should be reported for each month separately, split by specialty / rota and grade.*

|  |
| --- |
| Vacancies by month |
| Specialty | Grade | Month 1 | Month 2 | Month 3 | Total gaps (average) | Number of shifts uncovered |
| A&E | CT2 | 1 | 1 | 1 | 1 | 66 |
| Clinical biochemistry | ST6 | 1 | 1 | 1 | 1 | 60 |
| Plastic surgery | ST5 | 0 | 0 | 1 | 0.33 | 17 |
| Total |  | 2 | 2 | 3 | 2.33 | 143 |

1. **Fines**

*This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours’ account. A list of items against which the fines have been disbursed should be attached as an appendix[[1]](#footnote-1).*

For example:

|  |
| --- |
| Fines by department |
| Department | Number of fines levied | Value of fines levied |
| Acute medicine | 2 | £34.67 |
| Cardiology | 1 | £15.65 |
| Total | 3 | £50.32 |

|  |
| --- |
| Fines (cumulative) |
| Balance at end of last quarter | Fines this quarter | Disbursements this quarter | Balance at end of this quarter |
| £175.23 | £50.32 | £173.00 | £52.32 |

**Qualitative information**

*This section should be a short narrative outlining any other information that the guardian has picked up feels it is necessary to share, for instance through discussions with trainees and/or supervisors or via the junior doctor forum.*

**Issues arising**

*This section is the key part of the paper and should be used to draw together the above data into a narrative to highlight any possible areas of concern with regard to safe working hours – including any concerns that guardian may have over the amount of time available for supervisors and / or the guardian him/herself to do the job. The guardian should attempt to triangulate the data about working hours – for example, cross-referencing locum usage, vacancies, fines and exception reports to identify departments, rotas or grades which may be at particular risk of breaching safe working. It should not be used to highlight individual trainees whose own practices may be putting them at risk – such matters should be dealt with via appropriate trust processes. This is the place to highlight system, cultural or work pressure issues which may put doctors at risk.*

**Actions taken to resolve issues**

*This section should describe any actions already taken to resolve the issues described above. It may be possible to draw in data on work schedule reviews to indicate concerns which have already been addressed, however, it may be that the guardian has to use this section to highlight departments which have not, cannot or (in a small number of cases) will not take appropriate steps to ensure safe working hours.*

**Key issues from host organisations and actions taken**

*This section should describe any particularly notable findings and developments from the guardians at the host organisations. This should include significant risk areas, local actions taken, concerns about guardian resourcing, and any actions taken by the lead employer to support the host trust in addressing these issues.*

**Summary**

*This section should be a short summation of the information above, and should be used by the guardian to make an overall statement about the working hours across the organisation. This is the key quality assurance statement for the board, so the guardian should take the opportunity to give a view both as to overall working hours across the organisation and to any concerns that three may be about specific departments.*

**Questions for consideration**

*If the guardian is comfortable with the overall safety of working hours in the organisation, or feels that while there are issues, these are on the way to being resolved, then this section may simply ask the board to note the report and to consider the assurances provided by the guardian.*

*If on the other hand the guardian feels that there are issues outlined in the report which are not being (or cannot be) tackled, then the guardian should use this section to ask the board to consider what escalation, internally, externally or both, might be recommended in order to ensure that safe working hours would not be compromised in the future.*

**Appendices**

*As indicated in the text above.*

1. This information will be used to inform the organisation’s annual report, which mist include clear detail on how the money has been spent (Schedule 5, para. 15). [↑](#footnote-ref-1)