NHS Employers

Guidance for guardians of safe working hours on quarterly and annual reports

Introduction

It is important that doctor and dentists in training work in ways that are safe and fair and that their educational opportunities are safeguarded. This is reflected in the 2016 terms and conditions of service (TCS), which sets out the role of the guardian of safe working hours in Schedule 6. The role of the guardians is to:

- ensure doctors can be confident that their concerns about safe working hours will be addressed
- require improvements in working hours and rotas for doctors in training
- provide boards with assurance that doctors and dentists in training are safe and able to work, identifying risk and advising boards on the required response
- ensure the fair distribution of financial penalty income, to the benefit of doctors in training.

There is also a requirement for the guardian of safe working hours to submit a report at least quarterly[1] to the board of the employing / hosting organisation, together with an aggregated annual report[2] (Schedule 6, paragraph 15).

The purpose of these reports is to give assurance to the board (and to doctors themselves) that doctors and dentists in training are safely rostered and that their working hours are compliant with the 2016 TCS. This guidance sets out what should be included in each of these reports, together with standardised templates for both the quarterly and annual reports.

Note: Guardians of safe working hours should note that a standard format for all board reports is used which feeds into NHS England's exception reporting data collection.

Requirements

The quarterly report should contain sufficient information to allow the board to form a judgment as to how safely their doctors and dentists in training are working.

This should be in the form of information relating to data on:

- summary of reports submitted (inclusive of their type and outcomes)
- safe working hour breaches

[1]Following the end of each quarter of the financial year; it is anticipated that the report would normally be one month in arrears to ensure follow up on open exception reports – that is, a report for quarter 1 (April to June) would be submitted in July or August, depending on the date of the board meeting.

[2] The annual report might be submitted concurrently with the report for the fourth quarter but would normally go to the following month's board meeting.

- missed break breaches
- information breaches
- 'Access and completion' breaches
- all rota gaps on all shifts
- detriment and perceived detriment (collected via survey) experienced by doctors in relation to exception reporting.

These should be aggregated to a level sufficient to provide anonymity for the doctor, while still identifying areas of risk and recurrent problems or concerns, with a narrative providing qualitative information and commentary to sit alongside the hard data. The narrative should focus on identifying patterns and/or trends, highlighting concerns and outlining the ways in which those concerns have been mitigated or addressed.

The guardian of safe working hours should also use the report to highlight any issues that may be preventing them from doing the job as effectively as they would like. These might include time set out in the job plan to do the work, issues with administrative support or electronic systems, as well as cultural, systemic or operational blocks to change.

The annual report is focused specifically on rota gaps (Schedule 6, paragraph 15 (b)) and must include data on all such gaps across the course of the year, together with an agreed plan for reducing or eliminating such gaps in the future.

Sources of information

- Exception reports[3] stored in the relevant e-system.

[3] Exception reports with regard to education and training are dealt with by the director of medical education (DME) and will be used for the DME's reports. They should only be included here if they also pertain to safe working hours.

- Work schedule reviews.
- Monthly locum (both bank and agency) booking reports obtained from the temporary staffing service provider.
- Monthly vacancy reports (by department/rota), provided by workforce information or finance.
- Rotation grids issued by NHS England (available from HR / medical staffing / medical education).
- Records of the collection and distribution of fines levied by the guardian of safe working hours (by department).
- Reports from guardians of safe working hours in host trusts (for lead employer guardians only).

Reporting lines

Copies of guardian of safe working hours' reports (both quarterly and annual) must be provided to:

- the joint local negotiating committee (JLNC)
- local negotiating committee (LNC) chair
- at least one nominated LNC resident doctor
- to relevant resident doctor forum (RDF) representatives.

All quarterly reports must be made available to:

- local offices of NHS England
- the Care Quality Commission

- the General Medical Council
- General Dental Council
- The BMA or other recognised trade unions.

In addition, all quarterly reports must be publicly accessible online within one month after the report has been created. The annual report will be included in the trust's annual quality account (and so signed off by the chief executive).

NHS England will require exception reporting information contained in the board report to be submitted quarterly to allow for central data processing.

There is no requirement under the 2016 TCS for guardian of safe working hours' reports to be provided anywhere else. It would however be normal practice in many employers for the trust executive committee (or equivalent) to have sight of the report before it is submitted to the board and in such cases, there is no reason why this should not happen. The executive committee may be able to describe the corporate response to the issues raised by the guardian and to provide other relevant advice. It must be stressed that ultimate responsibility for the content of the report rests with the guardian of safe working hours.

It might also be good practice to share a copy of the report with employing / hosting organisation (those under lead employer arrangements). Guardians may also wish to share the data across regional networks to allow for aggregated regional or national analysis.

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Confidentiality and transparency

It is likely that the information contained in guardian of safe working hours reports may be subject to freedom of information requests. Guardians should therefore ensure that there is no person-identifiable data contained in the reports, and that the content of the report is clear, transparent and they would be agreeable to its release.