

Guidance on guardian of safe working hours quarterly and annual reports

Introduction

It is important that junior doctors are fully trained, and work in ways that are safe and fair. This is reflected in the 2016 terms and conditions of service (TCS) for doctors and dentists in training which references the role of the guardian of safe working hours ([see Schedule 6](#)). The role of the guardians is to:

- ensure the confidence of doctors that their concerns will be addressed
- require improvements in working hours and rotas for doctors in training
- provide boards with assurance that junior medical staff 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 quarterly¹ to the board of the employing / hosting organisation, together with an aggregated annual report² (Schedule 6, paragraph 11).

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 TCS. This guidance sets out what should be included in each of these reports, together with suggested templates for both [the quarterly](#) and [annual reports](#).

Note: Guardians of safe working hours should note that as individual employers will usually have a standard format for all board reports, the template may need to be customised to fit in with local requirements.

Requirements

The quarterly report should contain sufficient information to allow the board to form a judgment as to how safely their junior doctors are working. This should be in the form of information relating to exception reports, work schedule reviews and staff vacancies (sometimes referred to as rota gaps). 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. In most cases, this will mean data aggregated to either rota or department level, or both (Schedule 6, paragraph 11 (a)), together with a narrative providing qualitative information and commentary to sit alongside the hard data. The narrative should focus on identifying

¹Following 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.

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 (and/or time for educational supervisors to do theirs), 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 11 (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 (with regard to working hours)³ stored in the relevant e-system (these might usefully be aggregated by grade, by rota and/or by department, as well as by exception type).
- Work schedule reviews (number, reason, outcome, aggregated by grade, by rota and/or by department).
- Monthly locum (both bank and agency) booking reports obtained from the temporary staffing service provider.
- Confirmation of locum work carried out for other employers by doctors employed by or hosted by the trust (provided by other employers and/or by doctors directly).
- Monthly vacancy reports (by department/rota), provided by workforce information or finance.
- Rotation grids issued by Health Education England (HEE) local office (available from HR / medical staffing / medical education).
- Records of the collection and distribution of fines levied by the guardian of safe working hours for significant breaches of safe working hours (by department).
- Results for hours monitoring / diary card exercises (for so long as the employer still has doctors employed on the 2002 TCS).
- 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 also be provided to the local negotiating committee (LNC) or any local equivalent. The annual report will be included in the trust's annual quality account (and so signed off by the chief executive), the content of both reports may be included or referenced in annual reports provided by the employer to HEE, care quality commission (CQC) and/or the General Medical Council (GMC) / General Dental Council (GDC).

There is no requirement under the TCS for guardian of safe working hour's 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

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

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 the junior doctors' forum of the employing / hosting organisation. Guardians may also wish to share the data across regional networks to allow for aggregated regional or national analysis.

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 that they would be content for it to be released.