

Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	29 March 2017		

Title of Report:	Update on the Implementation of the New Junior Doctor Contract
Status:	For Information
Board Sponsor:	Dr Tim Craft, Medical Director
Author:	Dr Fenella Maggs, Guardian of Safe Working
Appendices	None

1.	Executive Summary of the Report
The report gives an update of the current status of the national implementation of the junior doctors' contract across the Trust by the Guardian of Safe Working.	
2.	Recommendations (Note, Approve, Discuss)
The main outline of the report is for noting and discussion as appropriate.	
3.	Legal / Regulatory Implications
<ul style="list-style-type: none"> There are no legal or regulatory implications regarding the implementation of the new contract. The GMC mandates a clear educational governance structure within each trust. 	
4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
<ul style="list-style-type: none"> Currently, no risks have been identified on the risk register regarding the implementation of the new contract, however, it is acknowledged that this will be reviewed in liaison with the Medical Workforce Planning Group as required. Any potential risks will be identified from the phased contract implementation timeline as agreed nationally. Risks identified relate to patient safety, as identified already on the HESW Quality Risk Register and to risk of withdrawal of trainees in unsatisfactory placements. 	
5.	Resources Implications (Financial / staffing)
The financial implications on the implementation of the contract for all junior doctors' in training across 38 rotas currently is being reviewed.	
6.	Equality and Diversity
An equality impact assessment for the contract implementation has been attached for information.	
7.	References to previous reports
Updates on the junior doctor's contract implementation have been highlighted during the project implementation group which is held monthly and the Medical Workforce Planning Group.	
8.	Freedom of Information
Public – involves public finance	

1. The Guardian of Safe Working

Dr Maggs has been in post as the Guardian of Safe Working since 3rd August 2016.

1.1 Progress

- Dr Maggs has been raising awareness of the new contract and its implications by attending junior doctors' inductions and teaching sessions, introducing herself and the new contract. She also presented at the Medical Staff Committee annual meeting and at a recent Speciality Tutor Away Day.
- Dr Maggs attended a joint meeting between Directors of Medical Education and Guardians of Safe Working held at Severn Health Education England. She attended the Guardian of Safe Working event hosted by Health Education England in London.
- Work schedules for all doctors who have moved or are shortly to move onto the new contract have been developed and distributed.
- The new contract dictates that a Junior Doctors' Forum be set up. Under the terms of the new contract the forum has to include junior doctor representatives from the LNC as well as the Chair of the LNC, and relevant educational and HR colleagues. Terms of reference for this forum have been written and are due to be agreed at the next meeting (scheduled for 9th May 2017).

1.2 Doctors' transition to the new contract

- As of 6th March 2017 we have nine Obstetric and Gynaecology Registrars, 36 F1 doctors, 13 Surgical and T&O trainees and 12 Paediatric trainees on the new contract.
- There have been no issues with the transfer to the new contract.

1.3 Exception reporting

- We currently have 70 doctors on 2016 contract.
- To date (6/3/17) we have had 45 exception reports – 44 regarding working hours and one in relation to training.
- These 45 exception reports have come from 9 F1s, so 27 F1s, and 61 doctors on the 2016 contract, have not exception reported.
- One exception report was logged as an immediate safety concern, but this was not a true 'safety concern' once reviewed.
- 3 exception reports have been declined by Educational Supervisor, 1 is still to be reviewed.
- 41 exception reports have been agreed by Educational Supervisor. Most of the accepted exception reports have resulted in payment – only two have resulted in time off in lieu (TOIL). Payment has been made for 31.75 hours at £12.63 per hour F1 salary scale (plain time), a total of £401.

1.4 Work schedule reviews

- There have been no formal work schedule reviews as yet. However, given that all exception reports have come from a small group of F1s, Dr Maggs has been working with Dr Sara Evans (Foundation Year 1 Training Programme Director), in conjunction with the F1s, to try and understand the issues arising. These appear to stem mainly from the workload for the F1s working on the Breast/Endocrine surgical firm, possibly due to the fact that, with the recent recruitment of more consultants, they now have more post-take acute patients than has previously been the case.
- Dr Evans and Dr Maggs have made some suggestions to try and improve the workload. Dr Evans has been hoping to recruit a supernumerary F1 (60%) which would help to ease the pressure on these F1s. Furthermore, there is a plan to alter the overall structure of the firms in surgery, which may solve this problem. We plan to continue to closely monitor the hours worked by these F1s.

1.5 Rota gaps

Below are the Junior Doctor gaps as of 28th February 2017 (trainees and Trust Doctors):

Specialty	GPST	ST1-2	ST3-9
Acute Medicine	1	1	0
Obstetrics & Gynaecology	1	0	2.6
Emergency Medicine	0.4	1	0
General Surgery	0	1	0
Elderly Care	0	1	1
Ophthalmology	0	1	3.4
Trauma & Orthopaedics	0	1	0
Community Paediatrics	0	0	1.4
Radiology	0	0	1
Respiratory	0	0	1
Rheumatology	0	0	1.6

1.6 Future challenges

- Engagement with the exception reporting process.
There is a potential lack of engagement by the trainees with the exception reporting process, which may result in a biased picture of our levels of safe working. It is vital that trainees feel free and able to exception report as they

see fit, so that we can clearly uncover problem areas. Dr Maggs is working with junior doctor representatives to encourage exception reporting.

- Another potential challenge may be the extra work that exception reporting causes for Educational Supervisors (who, according to the contract, have to maintain overall responsibility for signing off exception reports, although this can be delegated to e.g. Clinical Supervisors or other Consultants). The Director of Medical Education and the Guardian are monitoring this closely.