Report to:	Public Board of Directors	Agenda item:	21
Date of Meeting:	27 September 2017		

Title of Report:	Guardian of Safe Working Quarterly Update Report
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.	

3.	Legal / Regulatory Implications
• 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.)
• Currently, no risks have been identified on the risk register regarding the implementation of the new contract. 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 noted already on the HESW Quality Risk Register and to risk of withdrawal of trainees in unsatisfactory placements.	

5.	Resources Implications (Financial / staffing)
The financial implication of 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 and explaining how to exception report.
- 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. A meeting of this forum was held on 5th September 2017.

1.2 Doctors' transition to the new contract

- As of 18th September 2017 all trainees bar one are on the 2016 contract
- The final trainee is due to move onto the new contract next month
- There have been no issues with transfer to the new contract

1.3 Exception reporting (data from August 2nd – September 18th 2017)

- 91 exception reports from 25 trainees
- 4 immediate safety concerns (3 downgraded on review)
- 91 exception reports due to hours, one due to education

Rotas affected in significant numbers:

- F1 cover rota: 63 exception reports (13 F1s reporting); 37 from 7 trainees on surgical firms, 26 from 6 trainees on medical firms
- General Medicine SHO cover rota: 11 exception reports from 5 SHOs
- ENT SHO rota: 14 exception reports from 4 trainees
- Community Geriatrics: 1 trainee (the only trainee on this rota)

- Of the 91 exception reports, one has been declined by the Clinical Supervisor, 27 are awaiting review and 63 have been agreed
- 55 of the accepted exception reports have resulted in payment; while seven have resulted in TOIL (time off in lieu). One was for noting only.

1.4 Immediate Safety Concerns

- "*No SHO cover on night - site manager and Consultant informed when this was realised. The day F1 agreed to stay on to assist in theatre. I was left with the SHO bleep; F1 bleep and GP phone. Then at midnight the ortho SHO handed over the ortho SHO take bleep to me as well (fortunately the O&G*

ward cover SHO offered to take the ortho take bleep) - leaving me with 2 SHO bleeps; one F1 bleep and the GP phone. Once finished in theatre the other F1 took the GP phone; and the O&G SHO took the ortho take bleep. For the rest of the night I carried the F1 and SHO bleep. The day F1 stayed until handover."

- The F1 doctor who worked from 5pm that evening until 8am the following day has not submitted an exception report – had he done so a fine would have been due
- On investigation it transpires that a locum booked to do the SHO cover shift had cancelled only a few days prior, and Staffing Solutions emailed two people in the surgical division to inform them, but both of these individuals were away
- The escalation policy in Staffing Solutions is being reviewed

1.5 Work Schedule Reviews

Work schedule reviews are necessary if there are regular or persistent breaches in safe working hours that have not been addressed. They can be requested by the junior doctor, Educational Supervisor, Manager or Guardian.

F1 cover rota - FY1 Surgery

Issues:

- Evening ward rounds (post clinic or theatre) generating work after 5pm
- Trainees starting early to prepare for ward rounds or complete jobs left over from the previous evening
- Lack of consistency of timing of senior ward rounds
- Methylene blue administration for parathyroidectomy patients remains a time-consuming part of the surgical FY1s' jobs, although there are plans to allow Nurse Practitioners to take on this role (the protocol needs formally altering by Pharmacy to allow this). Currently, if methylene blue administration results in an exception report then acceptance of a payment request is automatic.

These issues are under discussion amongst the surgical teams. A work schedule review is in progress, with the suggestion being to stagger the juniors' hours so that some start early and finish early and some start later and finish later. This is likely to require a rewritten rota and the issuing of new work schedule reviews.

F1 cover rota – FY1 Medicine

- Exception reports have come from a variety of wards (five from Parry, eleven from Haygarth, four from OPU and six from Cardiac) so there does not appear to be a single problematic area
- Reports from trainees on these wards will continue to be monitored and reviewed but a work schedule has not yet been requested

General Medicine SHO cover rota

- Issues appear to be unusually busy days with patients unexpectedly becoming unwell e.g. patient with hypoglycaemia, fall with suspected fracture, or needing procedures
- Will continue to monitor

ENT SHO rota

- On call (weekend daytime) clinical work predicted to be 4.5 hours, but trainees working beyond these hours
- ENT have been asked for a work schedule review

Community Geriatrics

- Problem: Trainee reported working an average of 43 hours a week, whereas her work schedule stated 40 hours a week.
- Solution: Work schedule altered to add one day off every three weeks to reduce the average hours back down to 40/week.

1.5 Rota gaps

Below are the Junior Doctor gaps as of 19th September 2017 (trainees and Trust Doctors):

Trust Doctor CT1-2 in Cardiology, Stroke Medicine and ITU – August 2017 to July 2018
Trust Doctor CT1-2 in General Surgery – August 2017 to July 2018
Trust Doctor CT1-2 in Acute Medicine – December 2017 to April 2018

1.6 Future challenges

- Engagement with the exception reporting process and maintaining momentum

Many trainees choose not to exception report as they see themselves as professionals and potentially working beyond their hours as a routine occurrence – and this attitude can only be welcomed and respected. However, some choose not to exception report due to other reasons: there have been concerns expressed by trainees that exception reporting may have a negative impact on their reputation or that it is 'too much admin'. 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.

Trainees may also refrain from exception reporting if they believe that nothing is being done to address their exception reports. Dr Maggs provides feedback to the trainees on ongoing work schedule reviews and keeps them up to date with ongoing discussions.