

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	28 March 2018		

Title of Report:	Guardian of Safe Working Quarterly Update Report
Status:	For Information
Board Sponsor:	Dr Bernie Marden, Acting 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. 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 August 2016.

1.1 Progress

- Dr Maggs continues to raise awareness of the contract and its implications by attending junior doctors' inductions and teaching sessions, introducing herself and the new contract and encouraging exception reporting.
- The next meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, is scheduled for 11th May 2018.

1.2 Exception reporting (data from December 1st 2017 – February 28th 2018)

- 77 exception reports from 26 trainees
- No immediate safety concerns
- 74 exception reports due to hours, 4 due to education

Hours and rest exception reports - rotas affected (in significant numbers):

- FY1 medicine: 21 exception reports
- FY1 surgery: 10 exception reports
- FY1 acute block: 8 exception reports
- General Medicine SHOs: 11 exception reports
- MAU SHOs: 22 exception reports (from two trainees)
- Of the 77 exception reports, 11 have been declined. These were duplicates, inappropriate use of exception reporting, or the submissions were late (beyond 14 days).
- Five exception reports are awaiting review; the remainder have been agreed.
- Of the accepted exception reports, the majority have resulted in payment; only nine have resulted in TOIL (time off in lieu).
- Over this three month period payment was made for an additional 72 hours.

1.3 Immediate Safety Concerns

- None

1.4 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.

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F1 cover rota - FY1 Surgery

There have been substantially fewer exception reports from this group of doctors over the last three months, suggesting that many of the issues reported in the past have been resolved.

F1 cover rota – FY1 Medicine

- Exception reports continue to be submitted by FY1s working on a variety of wards
- They report short staffing due to a variety of reasons, and an increase in numbers of outliers, resulting in an unusually heavy workload
- Reports from medical FY1s will continue to be monitored and reviewed but a work schedule has not yet been requested

General Medicine SHO cover rota

- Numbers of exception reports are small and are fewer than seen from this group previously
- Exception reports are mainly being submitted by doctors working on Haygarth and Cardiac wards
- As with the medical FY1s, these doctors report short staffing, again due to a variety of reasons, and an increase in the numbers of outliers
- Exception reports from these trainees will continue to be monitored

MAU SHO rota

- Although only two doctors have exception reported they both comment on rota gaps causing an increase in workload
- There are currently three gaps in a fifteen-person rota
- Dr Maggs is working closely with the MAU team and Staffing Solutions to try to ensure gaps are covered

1.5 Rota gaps

Below are the Junior Doctor gaps as of 1st April 2018:

Division	Department	F1	F2	GPST	ST1-2	ST3 and above	Total
Medicine/Surgery	Acute Medicine/Surgery	0.6	0	1	1	0	2.6
Medicine	Community Elderly Care	0	0	1	0	0	1
Women & Children's	Paediatrics	0	0	1.6	1.6	0	3.2
Surgery	Anaesthesia	0	0	1	0	1	2
Medicine	Elderly Care	0	0	2.4	0	0	2.4
Medicine	Emergency Medicine	0	0	1	0	1	2
Surgery	Intensive Care	0	0	2	0	1	3
Surgery	Ophthalmology	0	0	1	0	0	1
Surgery	General Surgery	0	0	1	0	2	3
Medicine	Stroke Medicine	0	0	1	0	0	1
Women & Children's	Obstetrics & Gynaecology	0	0	0	0	0.6	0.6
Medicine	Radiology	0	0	0	0	1	1
Medicine	Rheumatology	0	0	0	0	1	1
Surgery	Urology	0	0	0	0	3	3
							26.8

1.6 Future challenges

- Rota gaps and lack of cover

There have been several reports of rota gaps left unfilled which could have led to unsafe working and a risk to patient safety. Dr Maggs is investigating how rota gaps are identified, and the process by which shifts are put out for cover through Staffing Solutions, to see if there are improvements that could be made to this process.

- Engagement with the exception reporting process

It is potentially concerning that the last quarter has seen a dramatic drop in exception reporting. Although in some cases (such as the surgical FY1s) issues have been resolved, it is clear that junior doctors are often working beyond their rota'd hours and are not exception reporting. Some trainees choose not to exception report as they see themselves as professionals and 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 has been feedback that some seniors are

dissuading juniors from exception reporting, and there have been concerns expressed by trainees that exception reporting may have a negative impact on their reputation.

It is vital that trainees feel free and able to exception report as they see fit, so that we can uncover problem areas. Dr Maggs is working with junior doctor representatives to look at reasons why exception reporting may be reduced, and is working to encourage exception reporting. She has emailed Consultants to remind them that they cannot dissuade juniors from exception reporting, and is planning to go to speciality meetings to discuss and address concerns that senior doctors may have.